
Event invite: The Virginia Data Revolution Series - hosted by Qlarion

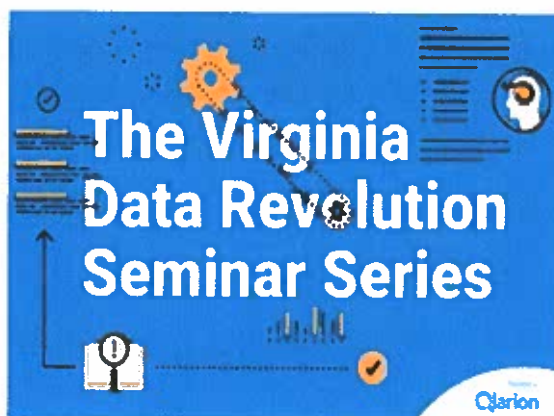
1 message

Qlarion <info@qlarion.com>

Thu, Apr 18, 2019 at 4:07 PM

Reply-To: Qlarion <info@qlarion.com>

To: RALPH.NORTHAM@governor.virginia.gov

**Event: Learn How to Combat the Opioid Crisis Through Analytics**

On May 6, Qlarion will host its signature Data Revolution event, where a panel of experts will discuss how a data sharing platform is helping them tackle the opioid epidemic in Virginia.

[Register for the event](#)

We hope you can join us to hear from our panel of experts as they share why a shared data platform is necessary, advice and tips for how to approach a shared analytics program, which key stakeholders to engage in the process, and how to develop an enterprise analytics culture to improve success.

When: Monday, May 6, 2019**Time:** 11:30AM - 1:30PM**Where:** 1717 Innovation Center (1717 E. Cary Street, Richmond, VA)**Cost:** Free; the event is for government employees only

Moderated by Carlos Rivero, Chief Data Officer for the Commonwealth of Virginia, the panel will include:

- Thomas Fitzpatrick, Division Director, Programs and Services, Virginia DCJS
- Jodi Manz, Assistant Secretary of Health and Human Services
- Lauren Cummings, Executive Director, Northern Shenandoah Valley Substance Abuse Coalition
- Opioid presentation: Adam Roy, Chief Technology Officer, Qlarion

Register for the event

About Qlarion

Qlarion is a big data and analytics firm that specializes in government innovation. The company's mission is to transform government agencies into data-driven organizations by injecting analytics into their business. Qlarion works with public officials in state and local governments and federal agencies who want to be leaders in the data-driven government movement. Qlarion's solutions are designed to help its customers make better business decisions, increase citizen engagement, reduce costs, and improve efficiency by using Big Data and Analytics to effectively manage, access and understand information. Qlarion believes in data-driven government because they know it will deliver real-world changes to the people their clients serve.

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Reminder: The Virginia Data Revolutions Series - hosted by Qlarion

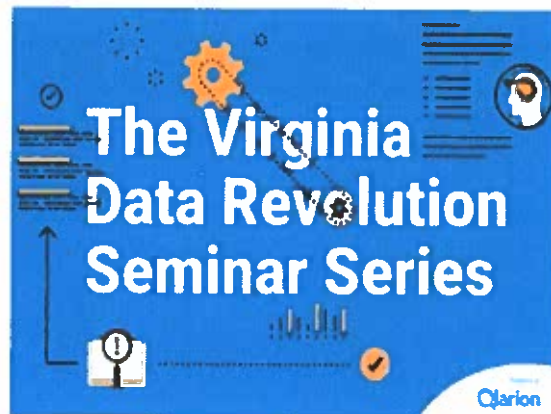
1 message

Qlarion <info@qlarion.com>

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To: RALPH.NORTHAM@governor.virginia.gov

Wed, Apr 24, 2019 at 2:25 PM

**Learn How to Combat the Opioid Crisis Through Analytics**

We are getting close to the May 6th event! Qlarion will host its signature Data Revolution Series, where a panel of experts will discuss how a data sharing platform is helping them tackle the opioid epidemic in Virginia. **This event is open to government employees only.**

[Register for the event](#)

We hope you can join us to hear from our panel of experts as they share why a shared data platform is necessary, advice and tips for how to approach a shared analytics program, which key stakeholders to engage in the process, and how to develop an enterprise analytics culture to improve success.

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Virginia Data Revolution Series Tackles the Virginia Opioid Epidemic

1 message

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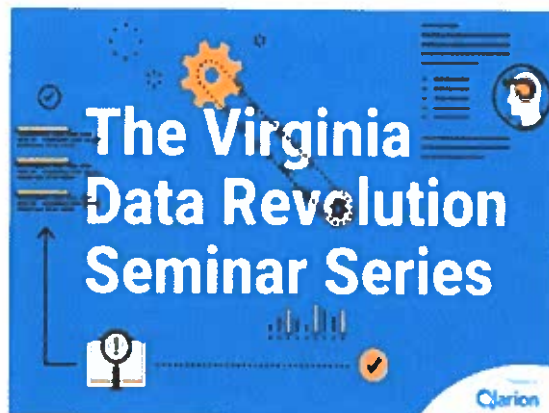
Wed, May 29, 2019 at 11:54 AM

May 2019



Transforming Virginia Through Analytics

Virginia's Opioid Epidemic, Data Analytics Maturity,
and other news and events from around the region.



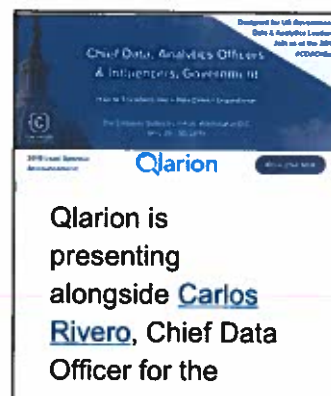
Qlarion's Virginia Data Revolution Series Tackles the Virginia Opioid Epidemic

There is an abundance of data that government agencies have at their disposal and the interest in using that data to combat the opioid crisis is growing. Earlier this May, Qlarion hosted its third event in the Virginia Data Revolution series to tackle this very crisis. This recent session focused on how to combat the opioid epidemic through analytics and the subsequent value generated from these efforts. Read about the discussion [here](#).

The Journey to Data Analytics Maturity

Delivering better citizen services begins and ends with data. Whether it's [fighting the opioid crisis](#), [creating "smart communities,"](#) or launching other [innovative citizen-centric initiatives](#), data is a critical component that helps our state and local agencies make better decisions that positively impact people's lives.

[Read more here.](#)





Check out this video that the [Center for Public Policy at VCU Wilder School](#) created for the Treasury as co-recipient of the 2019 Excellence in Virginia Government Awards last month.

Commonwealth of Virginia, at this year's Chief Data, Analytics Officers & Influencers, Government event.

About Qlarion

Qlarion is a SWaM-certified services provider that transforms government agencies into data-driven organizations by injecting analytics into their business.

Our solutions help our customers make better business decisions, improve citizen engagement, reduce costs, and increase efficiency by using Big Data & Analytics to manage, access and understand information.

Have questions about our services? Contact us at virginia@qlarion.com or 804-601-4980.

[Qlarion Home Page](#)

The Latest News in Data Analytics



[Virginia Treasury and Qlarion win for Innovation at VCU Excellence in Virginia Government Awards Ceremony](#)



[Fredericksburg first to join Virginia's 'smart communities' network](#)



[UVA Faculty Senate Votes to Establish School of Data Science](#)



[Why States Need a Data Officers Leadership Network](#)

[A Data-Focused](#)



Framework for Building Efficient Smart Cities



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Webinar: Freedom For Legacy Systems

1 message

Software AG GOV <Edyn.Segura@softwareaggov.com>

Reply-To: Edyn.segura@softwareaggov.com

To: ralph.northam@governor.virginia.gov

Mon, Jun 24, 2019 at 2:08 PM

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Freedom For Legacy - ApplinX, ConnX and EntireX as a Service

Join Software AG product experts Gadi Benedek and Yovel Badash for a detailed presentation focusing on freedom from green screens and freedom from manual testing:

**Modernize your core applications—simply,
easily & risk-free**

Transform your essential core systems' old-fashioned, inflexible, screen-based programs into modern web interfaces and high-value business services rapidly—without touching your existing code with webMethods ApplinX.

Hot topics to be covered:

Date:

Tuesday, June 25th

Time:

11:00 am EST

Speakers:

Gadi Benedek

Freedom For Legacy Team
Software AG

Yovel Badash

Freedom For Legacy Team
Software AG

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- **Web Terminal Emulation:** Free your users from the desktop. Display your existing system's terminal emulation on a web browser, with ApplinX's out-of-the-box, thin-client HTML emulator.
- **API enablement:** API enablement exposes your core system functions and data as web services—at the screen, transaction or database level—and integrates it with any other environment that invokes web services.
- **Screen Test Automation:** When introducing new functionality into an application, testers must verify that important, previously implemented business functions continue to run correctly. Through automation, you can simply reuse the tests created in the past and rerun for near total code coverage.



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The Blaska Chesterfield DSS Torment

1 message

Sage Blaska <sageblaska1@gmail.com>

Tue, Mar 19, 2019 at 3:52 PM

To: ralph.northam@governor.virginia.gov, osig@osig.virginia.gov, mark.herring@oag.virginia.gov, carl.e.ayers@dss.virginia.gov, Senator Bryce Reeves - District 17 <district17@senate.virginia.gov>, senate district11 <district11@senate.virginia.gov>, dorothy.swann@governor.virginia.gov, district09@senate.virginia.gov, Chris Hurst <DelCHurst@house.virginia.gov>, DelEFiller-Corn@house.virginia.gov, Roxann L Robinson <DelRRobinson@house.virginia.gov>, sadie.wilson@dss.virginia.gov, "Powell, Sarah" <sarah.powell@dss.virginia.gov>, "Rogers, Kiva" <RogersK@chesterfield.gov>, Annie Duffy <annied.casa@comcast.net>, Alice Marshal <acmarshall08@verizon.net>, sfranco@cornerstone.ag, lucke@colonialheightsva.gov, jaeckled@chesterfield.gov, Margaret Englisby <Menglisby@verizon.net>, Greg Sheldon <gsheldon@bainsheldon.com>, lisa.tully@dss.virginia.gov, district01@senate.virginia.gov, district39@senate.virginia.gov, district32@senate.virginia.gov, Don Santarelli <dsantarelli@dsantarellilaw.com>

Dear Governor Northam et al,

Attached (Please scroll all way to the bottom to see ALL documents, videos and pictures included) is an account of the torment and trauma that my son Bodhi and I have endured for 9 LONG months. Nine months that we can NEVER get back. And because statistically Virginia keeps children in foster care for 13.75 months, I have little to no confidence that when we go to court on 4/1/19 that Bodhi will be returned home.

I have been pathologized by Chesterfield DSS and their agents. I had MANY character reference letters that were sent to demonstrate how others see me and show the content of my character. Yet what was written in a report to the court about those letters (they were not allowed by the court) was that some of the letters were outdated employment references. That was it! No mention of the content of the letters. So I have included them with this email so others may know how I am viewed by former colleagues, mentors, students and friends. I don't think those letters should be diminished because they articulate how others see me through MANY years of knowing me.

At this point, I am considering the next steps with respect to this nightmare. I felt it important that the upper branches of our State and Local government agencies should know the atrocities and trauma we have experienced. There is certainly good and perhaps even great work that DSS agencies do. Necessary work in fact. And I applaud them for doing so. But I feel we have been further traumatized and abused. Governor Northam, the Office of the Inspector General, the Office of the Attorney General, VDSS, the Chesterfield Board of Directors and Director of Chesterfield DSS should hear from me. Too often families voices are "invisibilized", marginalized, omitted, maligned and pathologized. I feel like our family has experienced all of that and then some.

mar

I hope the State and Local agencies will use my report, the JLARC report and the University of Richmond October 2018 Law Review of Foster Care in Virginia as a spring board for significant change in the paradigm of our Commonwealth's Foster Care system. Senator Bryce Reeves, Senator Amanda Chase, Senator Jennifer McClellan, Delegate Roxanne Robinson and Delegate Chris Hurst have been especially helpful to me and my son. There are many other Virginia legislators who have helped. Especially noteworthy is the UNANIMOUS support by the Virginia House and Senate for

Senator Reeves Foster Care Omnibus bill SB 1339, that I look forward to Governor Northam signing into law effective July 2019. Yet MORE needs to be done.

I acknowledge that the attached documentation is voluminous. Some have criticized me for that. But as a former academician that is the method I have been trained in. I did my best to be thorough and that doesn't always marry with brevity. I also don't have an editor so if there are Henry Higgins out there looking to call me an Eliza Doolittle, or point out any malapropisms, I wear those criticisms as badges of honor. None of us are perfect.

I would appreciate acknowledgment of this email and supporting documentation from everyone but the Senators and Delegates. I know they read my correspondences as I hear back from them. Special thanks to Senators Chase and Reeves, and to our family advocate, Mr. Mark H. Reed. You all have shown us tremendous care and demonstrated altruism and compassion.

In closing, I hope that our plight may be a catalyst for positive change. Hopefully for our family, but certainly for other families. I know of several families enduring similar suffering at the hands of DSS. The JLARC internal audit shows us that there are SERIOUS problems with how DSS agencies operate. I seek to give a family's perspective that is OUTSIDE of the agency. Families should have a voice too, and DSS needs to be trauma informed/educated. Thank you for your time in reading this email and it's contents.

With probity, I remain,

Sagé Blaska

You should know by now, love never goes down without a fight, and justice never lets the oppressor define the terms of success or failure. Justice is a beautiful and creative dance, and the clumsy steps of those who do not know how to sway to its rhythm will soon painfully reveal where each of us truly stand.

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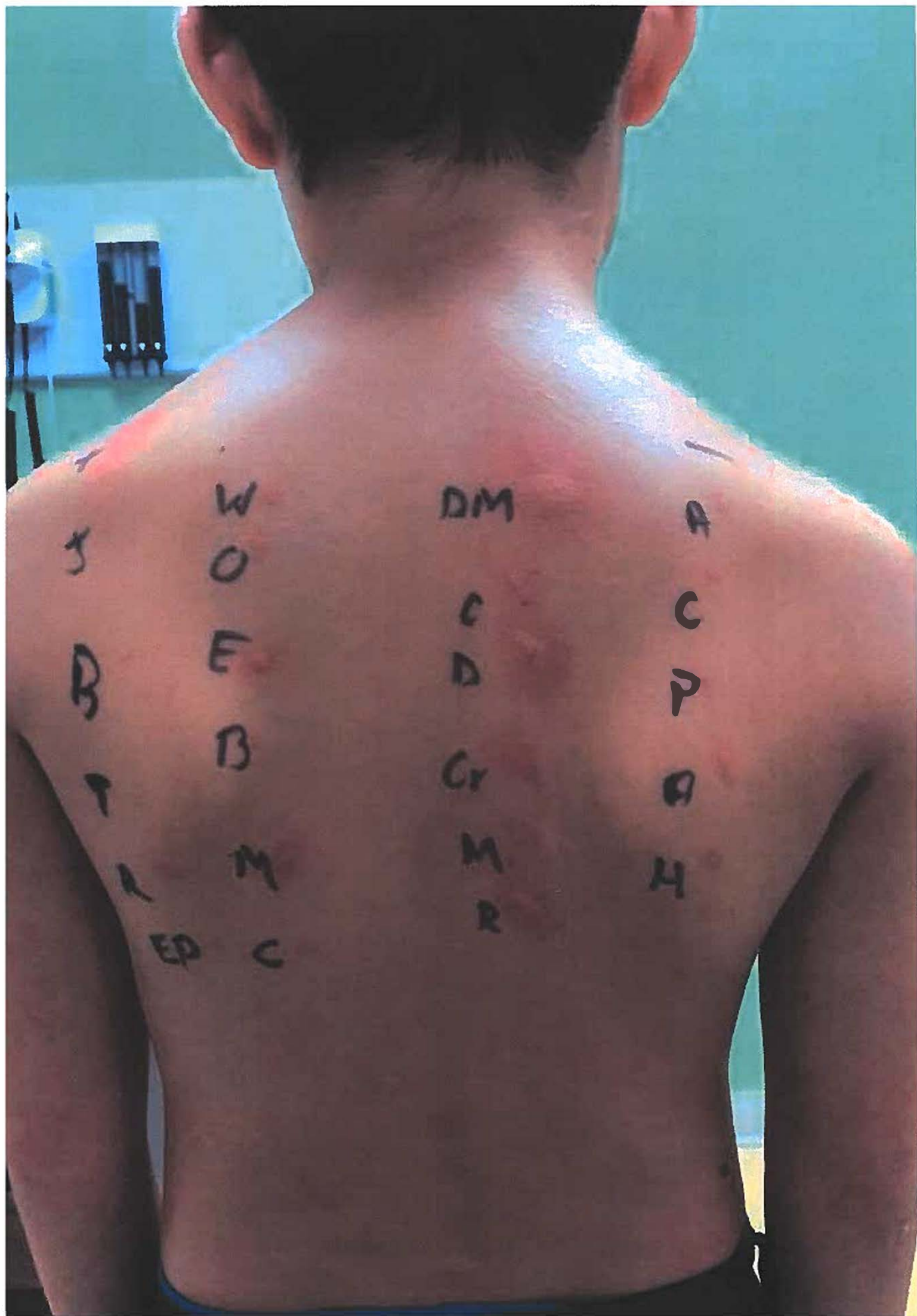
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- 180416 StFrances triage3 427pm.MOV
- 180416 StFrances triage4 516pm INCOHERENT SPEE...
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- 180418 217pm VOCAL BODY TICS.MOV
- 180420 718pm VOCAL BODY TICS.MOV
- 180420 723pm VOCAL BODY TICS.MOV
- 180420 732pm VOCAL BODY TICS.MOV
- 180603 312pm AGITATION.MOV

6 attachments



171016 Bodhis allergy test.jpg
39K

-  **3-19-19 Blaska DSS Torment.pdf**
217K
-  **Blaska report by Mark Reed.pdf**
134K
-  **Sage Blaska character references BINDER.pdf**
3786K
-  **181016 TPeterson.MP3**
7698K
-  **1-26-17 PANDAS acute onset.MOV**
5124K



The Blaska Chesterfield Department of Social Services TORMENT

submitted by Sagé Blaska on March 19, 2019

- 1) My son Bodhi Blaska was taken from my custody by Chesterfield Department of Social Services in early June 2018. I was charged with neglect because of my need to return home after two days of being without needed medication. Medication that is prescribed to me for my medical disabilities. Under the **FEDERAL Family First Services Prevention Act**, my son Bodhi Blaska should have NEVER been removed from my custody, care or our home. I did not abandon my son at the University of Virginia (UVA) ER. In fact, we went to UVA for a CLINICAL appointment with Dr. Ina Stephens. Bodhi dysregulated in the parking lot of the UVA facility over losing a video game he was playing. When we got to the clinical exam room, he went into a dysregulative rage that is common in children with Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS/PANS). The police were called and Bodhi was transported to the UVA ER, put in a four-point restraint, knocked unconscious on Haldol, had 2 in-room attendants and 3 police officers on the outside of his ER room WHILE HE WAS COMATOSED and completely restrained.

UVA ER physicians had little to no training in autoimmune diseases or PANDAS/PANS. That did not have a peds immunologist as an ER attending. I have been told by some PANDAS/PANS parents that the UVA ER staff have actually had CME grand rounds training with a PANDAS/PANS naysayer. UVA ONLY wanted to lock my son Bodhi up in a psych ward. They did not grasp or care that the "A" in PANDAS stands for Autoimmune. AND that the autoimmune causes the neuropsychiatric symptoms. I have a 4-inch binder FILLED with lab results and medical diagnoses that SUPPORT Bodhi's immunological conditions.

While I recognized that for Bodhi's safety and my own, that he would likely need to be placed in a psych facility, I KNOW that psych facilities do NOT provide ANY medical tests or care. Thus, I was insistent that the ER consult a pediatric immunologist for possible blood work. After one day in the ER, the ER doctors agreed and called in Dr. Emily McGowan, peds immunologist clinician at UVA. Dr. McGowan came in on her day off, Saturday, and consulted. She is not an ER attending, but a UVA clinician. She spent 2 hours of her time discussing my son's health and history. Of which, she was never paid. I told Dr. McGowan that I had done extensive research on autoimmune diseases. And from my research I wondered if the following tests may be beneficial in treatment for Bodhi: **1) flow cytometry test:** "Primary immunodeficiency disorders (PIDDs) are a heterogeneous group of inherited disorders of the immune system. **Currently more than 120 different PIDs with a known genetic defect have been recognized. The diagnosis of many of these disorders is supported strongly by a wide variety of flow cytometry applications. Flow cytometry offers a rapid and sensitive tool for diagnosis and classification of PIDs.** It is applicable in the initial workup and subsequent management of several primary immunodeficiency diseases. As our understanding of the pathogenesis and management of these diseases increases, majority of these tests can be easily established in diagnostic laboratory. Thus, the focus of this article is on the application of flow cytometry in the diagnosis and/or evaluation of PIDDs." Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007620/> and **2) a serum tryptase test:** "This test measures the amount of tryptase in the blood. **Tryptase is an enzyme that is released, along with histamine and other chemicals, from mast cells when they are activated, often as part of an allergic immune response.** Mast cells are large tissue cells found throughout the body, but in highest amounts in the skin, in the lining of the intestine and air passages, and also in the bone marrow. Mast cells are part of the body's normal response to injury as well as allergic (hypersensitivity) responses. They contain granules that store a number of chemicals, including tryptase and histamine, that are released when mast cells become activated. In the body, mast cells recognize and bind (immunoglobulin) IgE, a special type of antibody that is often increased in people with allergies and parasitic infections. When IgE that is bound to the surface of mast cells attaches to its target (antigen), mast cells become activated and release their contents. The chemicals released from mast cells (especially histamine) are responsible for many of the symptoms in persons with allergies.

Mast cells contain different forms of the enzyme tryptase, termed alpha (α) and beta (β) tryptase, in both inactive (protryptase) and active forms. In the body, beta tryptase is typically the predominant form of mature tryptase. Testing can be performed to measure total tryptase, which is all of the forms together, or mature tryptase, which measures the mature forms of alpha and beta tryptase. Comparison of the results of these two tests in a total-to-mature ratio may be useful in some instances though is not available at present in Australia.

Normally concentrations of tryptase in the blood are very low. When mast cells are activated, levels increase rapidly, rising within 15 to 30 minutes, peaking at 1 to 2 hours, and returning to normal after several hours to a couple of days. In persons with severe allergies, activation of many mast cells can cause a severe form of allergic reaction termed anaphylaxis, which can cause low blood pressure, hives (blisters on the skin), severe narrowing of the air passages, and even death. Tryptase levels will be very high in persons with anaphylaxis only if they have had low blood pressure with the reaction. In many food associated reactions, tryptase may not be elevated.

In some cases, tryptase levels will be high in persons with mast cell activation disorders, in which mast cells become activated without apparent allergies or other reasons." Source: <https://www.labtestsonline.org.au/learning/test-index/tryptase>

Dr. McGowan agreed that these tests should be ordered to consider any possible underlying issues and immunological diagnoses. Alas, it should be noted that **UVA ER NEVER** performed the blood tests that Dr. McGowan ordered. With respect to the serum tryptase test, a simple anti-histamine could help alleviate Bodhi's allergic reactions and symptoms should there be significant tryptase issues. (I have attached some pictures and videos to support his immunological medical conditions.)

After 1 day in the UVA ER, and knowing that Dr. McGowan was coming in to consult, I gave permission to Jessica Munnikhuysen, RN and Dornin, ER Social Worker working for Region Ten, to look for an appropriate psych facility bed for Bodhi. I told them both that I would need to leave the ER at 7pm while there was still sunlight, to go home and get my much-needed medication as I was feeling very unwell. Unbeknownst to Nurse Munnikhuysen and Dornin, I had been gravely ill during the entire ER stay. I was suffering from SEVERE IBS, was nauseous, retching and feeling dizzy. I needed to drive 1.5 hours to come home and take my medication because I could feel my body shutting down after two days of not taking it. Casey Filion, CDSS CPS worker on call should have understood that I **MUST** and **NEEDED** to take my medication. **AND**, she should have worked with me to get home, rest and then return to the UVA ER. Instead she took custody of my son while he was in the secure psych facility, Commonwealth Center for Children in Staunton. Ms. Filion **NEVER** told me, nor did UVA ER nurse supervisor and patient advocate Jessica Munnikhuysen, RN, nor the Region 10 ER Social Worker, Dornin, that 1) I needed to sign a Power of Attorney before leaving the ER or 2) that I would lose custody of my son when leaving to go home and take my medications!

- 2) I had been working with Mr. Robert Vermont, our Case Manager, **THEN** with Chesterfield Mental Health Board around 5/30/18. We explored Grafton Integrated Health Services as well as Discovery Counseling Services for in-home services to begin. With Mr. Vermont we had completed the Magellan intake within two days of Bodhi being committed to Commonwealth Center for Children in Staunton.

It is worth repeating that Bodhi went to UVA on 6/8/18 for a clinical appointment where Bodhi severely dysregulated, and went into a fit of rage (very common, just watch any YouTube videos about PANDAS/PANS for example:

<https://www.youtube.com/watch?v=mjxHGll1C7g>), or watch the Vimeo trailer: **My Kid Is Not Crazy**

<https://vimeo.com/159385789> **NOTE: I have video recordings that show Bodhi's behaviors which correspond with his MEDICAL DIAGNOSES by Board Certified Medical Doctors.**

- 3) The above history is how we got caught up in the Chesterfield DSS nightmare.
- 4) CDSS Foster Care Case Manager, Ms. Tamera Peterson and by extension her supervisor, Ms. Kelly Mahoney, had **REFUSED** to let Bodhi get to his Pediatric Immunologist, Dr. Wei Zhao. Bodhi is supposed to follow up with Dr. Zhao every 2-3 months to draw blood and review his immunity, such as immunoglobulin levels (Ig), DNASB, pneumococcal levels, ASO blood titers, etc. **NOT** until I found out in February 2019 from Mr. Mark Reed, our family advocate, that by **LAW**, I have a say in my son's medical care. When I stated **IN FEBRUARY** such to Ms. Peterson and sent her the Virginia Statute, she then agreed to make an appointment **FOR MAY** with Dr. Zhao. Bodhi had been to KidMed for a persistent "cough", in early February. I learned about this in the FAPT report, **NOT** from CDSS. The reality is that this is not a cough, but a vocal tic associated with his PANDAS/Autoimmune disease(s). I called Dr. Zhao's office and they had **SEVERAL** earlier appointments than **MAY**! Many open appointments throughout the month of **MARCH!!!** And thus, she has prevented my son from getting much needed immunological appointments in a **TIMELY** manner.

Ms. Peterson appears to have a bias that Bodhi does not have an immunological issue, **DESPITE** the medical records she obtained that demonstrate otherwise. She and others have refused to look at my **ORGANIZED** medical binder, highlighted lab test results, highlighted dates of diagnoses, and videos and pictures, and answer **ANY** questions CDSS, CASA or others may have. While I am fully aware that CDSS and CASA obtain their own medical documentation, it is difficult to understand what the lab results mean. They could have certainly compared my documentation to their own. I am transparent and have nothing to hide. I have sought to educate individuals to help them understand the complexities of Bodhi's immunity issues. **ONLY** Mrs. Margaret Englisby, GAL, has taken the time to review the medical documentation I have.

- 5) On 3/5/19 I met with VDSS Constituent Services representatives, Ms. Sarah Powell and Ms. Sadie Wilson. In lieu of Judge Minton's declaration in the 1/2/19 court hearing where he recommended 1) significant increase in visitation and 2) a 3-month hearing to review progress made towards that goal, VDSS asked me if Chesterfield DSS (CDSS) had:
 - a) inspected my entire house, which they have not;
 - b) begun the FBI background check, which they have not;
 - c) put a visitation plan together with in-home visits, increases in visitations, unsupervised outings, over night stays, etc. towards the Court's goal of reunification, and CDSS has not.

VDSS appeared surprised by this given the Judge Minton's order for significant increase in visitation.

- 6) "The situation" on 12/13/18: In the CDSS meeting of 12/19/18 Nick Bell referred to "the situation" that occurred during the 12/13/18 visit. Mr. Bell described a "thwack on the table" that startled Bodhi Blaska when he attempted to grab my phone. Marissa Williams, parental support worker and Mr. Bell's supervisor, who was also present at that visit stated that she, didn't "recall it that way". She stated that she recalled me blocking Bodhi from grabbing my phone. I remembered it the same as Mrs. Williams and thus did not think there was any issue.

Yet at the end of the meeting I was asked to sign a document stating that I would not use any corporal punishment. I was gob smacked by the need to sign a contract and I specifically asked if they were accusing me of hitting my son. To which EVERYONE said "NO". Then in the CDSS meeting of 1/24/19 Nick Bell stated I "hit" Bodhi, and Kelly Mahoney, CDSS Supervisor, also said I "hit" Bodhi. Then in the FAPT report submitted on 2/11/19 by Marissa Williams, the story once again morphed from a "thwack" sound on the table situation, to I hit Bodhi, then to a declaration that I pinned Bodhi's hands to the table. The metamorphosis of this narrative is egregious. And I have verifiable verbatim notes to support these wholly inaccurate statements made by Nick Bell, Marissa Williams, Kelly Mahoney and Jerri Adams of Hopetree Family Services. It should be noted that neither Mrs. Mahoney nor Ms. Adams were at the 12/19/18 visit to have a say or opine on the matter.

- 7) I requested a new parental support worker in October 2018. However, that was dismissed by CDSS and Mrs. Marissa Williams, parental support WORKER in October, November and December. CDSS and Family Focus stated that there were NO other parental support workers available to take over my case, and both CDSS and Family Focus REFUSED my request for a CONFLICT RESOLUTION meeting from the 10/4/18 incident with Mrs. Williams.

I was involved in a minor car accident on 10/4/18, hours prior to my 1 hour scheduled visit with Bodhi. I had no broken bones, or visible signs of trauma. I texted Mrs. Williams to ask if she could provide a ride for me from St. Frances Hospital on Charter Colony Drive, to Brandermill Sunday Park (approximately 2 miles) for my ONE hour allotted visit time with my son. The visit the week before was cancelled due to tornadic activity. Without any discussion with me regarding my mental state or if I had any visible injuries, Ms. Williams cancelled my ONLY visit for the week with my son. When I asked her why in an email sent ONLY to her, she responded with an email that she copied Ms. Tamera Peterson of CDSS and told me that she owed me NO explanation for cancelling my visitation. And that she reported to the service provider CDSS. I responded that I was bothered not only by her lack of compassion in asking how I was, but also that she unilaterally cancelled my visit without talking to me first, and the abrasive and curt tone that came across to me in her email. Mrs. Williams responded that if I had a problem with it, I could schedule a meeting with her and her supervisor. I attempted that NUMEROUS times with the request that my own therapist, Ms. Janae House, LCSW be present.

For FOUR weeks Family Focus suspended my parental support meetings. Yet, Ms. Tamera Peterson, CDSS, stated in her 11/8/18 Court Report, that I was to blame for Family Focus cancelling parental support meetings. Ms. Peterson weaponized this situation as a barrier for reunification to the Court. This added to the distrust, lack of transparency and compounded the trauma for me. It was inconceivable to me then that there was no other parental support worker that could be contracted for my case. Because I wanted to be COMPLIANT, I was slavish to the demands of CDSS and Marissa Williams.

- 8) Surveillance during visits is done by two contracted agents by VDSS sitting and typing constantly during my visits with my son. This creates an unnatural environment for our family to try and interact knowing somebody is surveilling us. I have been forbidden to record these visits for my own defense and protection against misinterpretations. The reports are written with a biased and subjective perspective and the lack of transparency does not afford me an ability to defend myself. **What are contracted therapy service providers afraid of by me recording the visits if they have no concern of the accuracy and validity of their report writing? One party typing/documenting visits is in effect a surveillance not subject to an opportunity to challenge the one party's SUBJECTIVE view. Clearly justice would require an opportunity to challenge the subjective.**
- 9) Trauma informed. It is important to note that on top of Bodhi's diagnoses of ASD, PANDAS/Autoimmune Disease, ADHD, DMDD and ODD, **he and I are living IN trauma by the continued separation.** Therapists and CDSS appear to want to lay blame for Bodhi's behaviors on me, and pick me apart with two people typing non-stop during my visits with Bodhi. CDSS and their agents need to be trauma informed and understand how THEIR behaviors add to our trauma and inability to heal:

There are five primary principles for trauma-informed care.

- a) **Safety.** This includes creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual's discomfort or unease.
- i) I have not felt safe with anyone involved in this process due to fabrications, distortions, punitive actions and the way in which I have been spoken to and treated.
 - ii) Bodhi presents as untrustworthy of others in my opinion. I am not able to have enough time with him to know if he feels emotionally or physically safe. However, he divulged in therapy on 3/13/19 that he hated the Elliotts (Foster Care family), doesn't want to be there and had a huge reluctance to open up about his feelings.

- iii) I believe Bodhi has been “groomed” by Mr. Nick Bell, Family Focus in-home therapist. I believe Mr. Bell has groomed Bodhi into believing that giving his mother a peck on the lips or cheek is inappropriate. This is against our family’s cultural norm, and rises to the level of smarmy and was insinuated as incestuous behavior by Marissa Williams, Parental Support **WORKER** (again not a licensed therapist in the State of Virginia) in her February FAPT report.
- b) **Transparency and Trustworthiness.**
 - i) Both Family Focus Family Services and Hopetree Family Services have objections to MY recording during our visits. This leads to NO transparency and NO trustworthiness when their 2-person typed surveillance of visits cannot be countered. FURTHER it adds an artificial environment for Bodhi and I to interact in.
- c) **Choice.**
 - i) I have been given LITTLE to no choice in much of the interactions with CDSS. These include:
 - (1) Ms. Peterson’s attempts for 3 months to force me to stop seeing my CBT therapist of 5 years, Ms. Janae House and instead participate in DBT group therapy as well as DBT individual therapy;
 - (2) Ms. Peterson was told by me NUMEROUS times that my insurance would only cover (2) therapy sessions a week and I would like to continue CBT with Ms. House, BECAUSE SHE HAS EARNED MY TRUST;
 - (3) Ms. Peterson’s INSISTENCE had no substance because Dr. Cunningham’s psychological evaluation only had a recommendation of Dialectical Behavioral Therapy (DBT). Dr. Cunningham did NOT specify DBT group or DBT individual. It was upon Mrs. Marissa Williams insistence that I do both. And Mrs. Williams is NOT a Virginia licensed or certified therapist. Ms. Peterson allowed Mrs. Williams to dictate what therapists I should see and what therapists I should not see;
 - (4) All of the DBT therapists that I either worked or interacted with: Ms. Alex Bazdar, Ms. Caitlin Sedlar, Dr. Vijay Singh and practice owner/Chief Psychologist of CJW Hospitals, Dr. Alan von Kleiss ALL stated that Ms. Peterson’s remanding me to do DBT group was harmful, unnecessary and they were in support of my continued CBT with Ms. House. Ms. Bazdar stated she told this to Ms. Peterson NUMEROUS times. It was told to me by Ms. Alex Bazdar that she felt HARASSED by Ms. Peterson.
 - (5) I was told by Ms. Peterson and Mrs. Williams that my insurance would not pay for a psychological evaluation and thus FAPT would have to pay for it. So CDSS insisted that they choose the psychologist who would do my psychological evaluation. I was NOT allowed to choose. Dr. Cunningham gave much supposition in her psychological evaluation of me. And she gave an inaccurate diagnosis of Borderline Personality Disorder (BPD), not that a BPD diagnosis should prevent one from parenting. Dr. von Kleiss and his colleague both refuted the BPD. CDSS chose NOT to include Drs. von Kleiss and Singh’s recommendations in the 3/8/19 report to the court.
 - (6) I was NOT given the choice to attend my son’s doctor’s appointments until Mr. Mark Reed, my family advocate, pointed out the Virginia Statute/law and VDSS policy that says I am TO BE INCLUDED. Then and only then did Ms. Peterson agree to allow me to attend my son’s appointments and MAKE them: vis-à-vis: Pediatric Immunology appointment.
 - (7) I was not afforded the CHOICE to have a family advocate attend the CDSS meetings with me, despite the VDSS manual’s specific encouragement of allowing such. It was not until Mr. Reed referenced the VDSS policy that allows parents to have an advocate of their CHOICE attend DSS meetings, did Ms. Peterson allow me to have Mr. Reed attend.
 - (8) Neither Bodhi nor I have been given the choice of how much time and when we can visit. Bodhi had repeatedly asked for increased visits for months, as had I. At month 9 we are stalled with no visits now for three weeks, and the last visit time we had a visit we were only allowed 3 hours a week.
 - d) **Collaboration and Mutuality.** This is addressed above.
 - e) **Empowerment.** Just like being forced to have a psych eval with Dr. Cunningham, as well as attempts to force me to stop seeing Ms. Janae House, LCSW, I was also FORCED to begin Family Therapy with a therapist that Marissa Williams chose with her agency, Family Focus. It was reported in the CDSS 3/8/19 report that my intake with Ms. Jessica Beach was terminated by me because I stated I didn’t like Ms. Beach. I never stated that. What I will state for the record is that when I did an intake with Ms. Beach, she began the appointment by ascertaining our history. I was explaining the course of events of the past year. WITHIN 3 minutes, Ms. Beach stated to me, “It sounds like you have adjustment disorder.” I pulled out my notebook and also my phone to look up what that meant. Ms. Beach became enraged with me with an abrasive tone and disapproving facial expression. She demanded to know what I was doing. I told her I was writing down her diagnosis and looking it up online. She wanted to know why. I stated to her that I had 1) never heard of adjustment disorder and 2) in all my years of therapy I had NEVER, EVER been diagnosed by a therapist in less than 4 minutes. When I said that Ms. Beach stated that she was releasing me and Bodhi from her care.

****It should be noteworthy that the rubric of contracted agencies wielding so much power and authority in families’ lives is very disturbing. When I have questioned or raised concerns I am depicted as difficult, objectionable, suffering from distortions in thinking, irrational or worse: maligned and pathologized (adjustment disorder and borderline personality disorder).**

- 10) Further adding to the trauma was the fact that CDSS wrote in an earlier report to the Court that Bodhi Blaska was removed from Mrs. Cheryl Burts, maternal grandmother, because of tension between mother and child. It was made known to CDSS that:

- a) Mrs. Burts was UNKNOWN to Bodhi Blaska;
- b) Mrs. Burts physically abused me as a child, and emotionally and psychologically abused me as an adult;
- c) Mrs. Burts physically, emotionally and psychologically abused Bodhi Blaska. I have audio recordings to support such. Bodhi was placed with Mrs. Burts over the objections of myself, Mrs. Margaret Englisby, GAL and Christy Clarke CDSS CPS worker.

I have voice recordings of Bodhi leaving messages with Ms. Tamera Peterson where I conferenced her voicemail into our call, calling on two occasions to the Virginia Abuse Hotline with Bodhi on the phone, and several voice recordings of Bodhi stating he was being abused by Mrs. Burts and did not want to be with her. As well as Ms. Janae House, LCSW calling Ms. Peterson and telling her that she witnessed the phone call of Bodhi stating he was being hit by Mrs. Burts. Ms. Peterson REFUSED to listen to these voice recordings AND wrote a misleading report to the Court regarding WHY Bodhi was removed from Mrs. Burts care.

- d) Virginia Child Abuse Hotline, Powhatan and Chesterfield Department of Social Services were called by me and Ms. Janae House, LCSW as she was a witness to Bodhi telling me on speaker phone during a therapy session that Mrs. Burts was beating him with a vacuum cleaner house and throwing items at him. I told all agencies that I had voice recordings of the calls. But despite such the abuse calls were "SCREENED OUT" and neither Ms. House nor myself were contacted as part of the investigation. EVEN though I called on 7/14/18 and I told Virginia Abuse Hotline representative, and also called Mr. Lewis Nieves, CDSS Supervisor, and Yolanda with CDSS Emergency Services that Bodhi had been abused, all reports of abuse were "screened out".
 - e) On 7/23/18 Stacy Long, CDSS foster care social worker and her supervisor, William Ward, were made aware of the following:
 - i) Bodhi Blaska called me and said Mrs. Cheryl Burts was sending him away and told him to pack his suitcase. Mrs. Burts can be heard on the voice recording I have screaming at him in the background. Bodhi was scared and unaware where he was going. He said he spilled a drink on her carpet and that's when she told him to pack his things. Mrs. Margaret Englisby, GAL, responded to my email about such by telling Mrs. Burts to refrain from saying that to Bodhi. Mrs. Burts acknowledged hitting Bodhi, throwing objects at him and threatening to send him to military school. YET, Ms. Peterson CHOSE to write that Bodhi Blaska was removed from Mrs. Burts home because of "tension between Mrs. Burts and Ms. Blaska." **THIS is egregious and has added to our trauma.**
- 11) CDSS and their agents have minimized and/or dismissed Bodhi's medical and psychological conditions. It is apparent in the reports that Bodhi still suffers from symptoms related to Autism, autoimmune disease/PANDAS, Oppositional Defiance Disorder, Disruptive Mood Dysregulation Disorder and ADHD. Yet these are never mentioned in report writing.

Observation supports that Bodhi has great difficulties around playing and stopping video games. Since he has been in foster care, Bodhi is allowed to play 2-4 hours of video games during the school week and unlimited on the weekend. This is HIS own self reporting, as the foster care providers dispute this. Foster care providers state Bodhi is allowed to play 2 hours of video games (Fortnite, Roblox, etc. which are violent games with aims to kill) per school days, and just several hours (unspecified) on weekends. With Bodhi's diagnoses he needs serotonin and endorphin boosting PHYSICAL activities. I have always encouraged Bodhi to try new physical activities, paid for those activities, as well as transported him to those activities. He does very little to NO physical activities in his current foster care home. NOR, do they encourage him to take up a sport or other physical activity, many of which are affiliated with the school and after school.

Bodhi's mood appears more dysregulative in the past few months. He is easily agitated if he is not able to play video games during our visits or therapy, and his physical demeanor appears depressed. In a discussion with Ms. Betty Siler, LPC, our new Family Therapist, we discussed the DSM-5 diagnosis of Internet Gaming Disorder. While Bodhi has NOT been diagnosed by Ms. Siler or anyone else with this disorder to date, it is important to note the DSM-5 states in order to receive the diagnosis, one must meet 5 out of 9 of the criteria. In my opinion Bodhi meets the following highlighted 7 out of 9 criteria. According to the DSM-5: "**Internet Gaming in DSM-5** Addiction to gaming is described in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, which is used by mental health professionals to diagnose mental disorders. There was not sufficient evidence to determine whether the condition is a unique mental disorder or the best criteria to classify it at the time the DSM-5 was published in 2013. However, it recognized internet gaming disorder in the section recommending conditions for further research, along with caffeine use disorder and other conditions.

The DSM-5 includes substance-related addictive disorders, such as alcohol, tobacco, stimulants, marijuana and opioids. Gambling disorder is the only behavioral addiction (as opposed to substance use) identified in DSM-5.

Gambling disorder is the only behavioral addiction (as opposed to substance use) identified in DSM-5. The DSM-5 notes that gaming must cause "significant impairment or distress" in several aspects of a person's life. This proposed condition is

limited to gaming and does not include problems with general use of the internet, online gambling, or use of social media or smartphones. The proposed symptoms of internet gaming disorder include:

- o Preoccupation with gaming
- o Withdrawal symptoms when gaming is taken away or not possible (sadness, anxiety, irritability)
- o Tolerance, the need to spend more time gaming to satisfy the urge
- o Inability to reduce playing, unsuccessful attempts to quit gaming
- o Giving up other activities, loss of interest in previously enjoyed activities due to gaming
- o Continuing to game despite problems
- o Deceiving family members or others about the amount of time spent on gaming
- o The use of gaming to relieve negative moods, such as guilt or hopelessness
- o Risk, having jeopardized or lost a job or relationship due to gaming

Under the proposed criteria, a diagnosis of internet gaming disorder would require experiencing five or more of these symptoms within a year. The condition can include gaming on the internet, or on any electronic device, although most people who develop clinically significant gaming problems play primarily on the internet." <https://www.psychiatry.org/patients-families/internet-gaming>"

The highlighted bullet points are all symptoms that Bodhi experiences with video gaming. I have very REAL concerns about his amygdala, dopamine triggers and potential for addiction issues NOW, as well as future problems with gaming, gambling and substance abuse if we do not address the number of hours Bodhi is allowed to play violent video games on school nights and on the weekends. He will likely have very little to NO time during the week at our home to play because violent video game playing is not part of our family values. I wish to re-establish 20-30 minutes of reading during the school week, and for every 30 minutes of reading Bodhi does on the weekend, he can earn screen time. I also feel the violent videogames focusing on murdering desensitize children to death and killing, and I have read peer reviewed journal articles that support this. One only need to turn to the historical instances of Columbine, the VA Tech shootings, etc. to understand how children have emotional and behavioral issues and how their brains can be wired negatively by violent video games during this extraordinarily huge period of their brain development.

- 12) Prior to custodial removal in June 2018, I was looking to establish a consultant company and do some part-time work from home due to my disabilities and Bodhi's health needs. However, with the demands of 13 hours a week of therapy, visitation time demands, CDSS and FAPT meetings, as well as preparation for court, etc., my anxiety and trauma have increased and obtaining employment with all of the CDSS barriers is impossible.

I have lost approximately \$1600+ in Social Security Supplemental Income PLUS Medicaid coverage, SNAP and TANF since losing custody of Bodhi. I am depending upon friends to help me get by. It is outrageous that CDSS has successfully petitioned SSA for my supplemental income, while I am trying to keep OUR home, pay car and medical insurance, medical and medication co-pays, gas, internet connection, cell phone, water, electric, trash, dental insurance, groceries and emergent costs on \$1700 Social Security income per month! My mortgage is \$1330 per month! CDSS Foster Care interjected themselves unnecessarily into our lives, in my opinion. Yet with the goal of return home, they have no care nor concern as to how I am able to keep our home, our beloved pets, and be compliant with their demands. CDSS profiteering the \$847 monthly supplemental income I received from SSA is abhorrent. This is on top of the \$98,000+ that CDSS earns per child in foster care from State and Federal funds. The goal remains reunification, but it will be held against me if I cannot pay my bills. In fact, Ms. Peterson harassed me over my finances to the point where my attorney had to step in several times, even calling her "disingenuous" for continuously moving the bar for compliancy with court orders. Being indigent is NOT a crime, nor should it preclude a parent from having custody of their child. There may come a time when my friends are not able to help me and that is a barrier that CDSS is putting in the way of our family by continuing to profit with the \$847 we need to keep our home and expenses around such. The CDSS mission of caring for the well-being of children is misguided when they profit off of a single, disabled mother who receives NO child support and depends on the SSA Supplemental Income to KEEP the home for Bodhi to return to. It just defies logic, care and compassion since the goal is reunification.

- 13) **There is nothing I have done that is abusive.** And this CONTINUED trauma at the hands of CDSS is NOT merited. CDSS needs training in the TRAUMA INFORMED rubric. They also need training on Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus (PANDAS), Autism and other diseases that are caused by inflammation and affect NEUROPSYCHIATRIC BEHAVIORS. NO family who has a child with special needs should endure the trauma and nightmare that we have and continue to endure.

- 14) I have ALWAYS put Bodhi's needs before my own, despite the fact that it appears that CDSS is attempting to make that a central component of their negative and confirmation bias against me.
- 15) **THERAPEUTIC RUPTURE with Parental Support WORKER.** My parental support worker Marissa Williams WENT beyond the scope of what a parental support worker should do. Her role/title is NOT a therapist. She is not licensed in the State of Virginia as a therapist. YET Mrs. Williams has forced and coerced me into participating as a therapy client. Her methods, fabrications, ill-treatment of me, etc. has further traumatized me and added to my C-PTSD, anxiety/panic disorder and IBS. PRIOR to this CDSS nightmare, I was able to manage my symptoms.

What is a Parental Support Worker? Job Description

<https://work.chron.com/duties-family-support-workers-14804.html>

"A family support worker is typically assigned to clients by governmental and social services agencies. The role involves establishing a relationship with individual families, assessing their needs, their eligibility for various types of public aid, and walking them through the application processes. Family support workers help clients understand the rules and regulations attached to various forms of social services support and aid, and assists them in navigating what can be complex financial and personal documentation of assets, income and expenses. Other responsibilities of the job include helping families ensure they are getting the benefits they are entitled to and making recommendations for things like job training and accessing various community resources.

Education Requirements

Family support workers are typically required to have a bachelor's degree in social work or a related field. Social workers and clinical social workers are generally required to hold a master's degree, have clinical experience, **and be licensed by the state in which they work.** Specialized training related to interpersonal communication and financial planning are also an asset.

Individuals who are bilingual may have an advantage when applying for positions in areas with a diverse population base. Job-seekers with advanced training or education often have the opportunity to advance into supervisory or managerial positions."

****NOTE: Parental Support Workers are NOT therapists! Mrs. Williams has always acted as my therapist, thus I included the ACA code of ethics below.**

ACA Code of Ethics Preamble: The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession: 1. enhancing human development throughout the life span; 2. honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; 3. promoting social justice; 4. safeguarding the integrity of the counselor-client relationship; and 5. practicing in a competent and ethical manner. These professional values provide a conceptual basis for the ethical principles enumerated below. These principles are the foundation for ethical behavior and decision making. The fundamental principles of professional ethical behavior are • autonomy, or fostering the right to control the direction of one's life; • nonmaleficence, or avoiding actions that cause harm; • beneficence, or working for the good of the individual and society by promoting mental health and well-being; • justice, or treating individuals equitably and fostering fairness and equality; • fidelity, or honoring commitments and keeping promises, including fulfilling one's responsibilities of trust in professional relationships; and • veracity, or dealing truthfully with individuals with whom counselors come into professional contact.

A.4.a. Avoiding Harm Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

A.4.b. Personal Values Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.1.c. Respect for Confidentiality Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.

B.1.d. Explanation of Limitations. At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.

B.2.d. Court-Ordered Disclosure. When ordered by a court to release confidential or privileged information without a client's permission, counselors seek to obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or counseling relationship. **B.2.e.** Minimal Disclosure To

the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed. **B.3.d.** Third-Party Payers Counselors disclose information to third-party payers only when clients have authorized such disclosure.

B.6.d. Permission to Observe Counselors obtain permission from clients prior to allowing any person to observe counseling sessions, review session transcripts, or view recordings of sessions with supervisors, faculty, peers, or others within the training environment.

C.7.c. Harmful Practices Counselors do not use techniques/procedures/modalities when substantial evidence suggests harm, even if such services are requested.

- 16) **Suicide is the 2nd leading cause of death in males and females between the ages of 15-24, according to the CDC. Bodhi continues to appear depressed, sad and anxious. I have great concern over his mental health.** The prolonged and continued separation from his mother whom he has articulated that he trusts EXPLICITLY to Ms. Betty Siler, LPC, our family therapist, I believe is making his already severe symptoms worse. Protracted time from his home and mother are obviously detrimental to his well being as well as his mother. Concomitantly, the prolonged and forbidden ability to see Pediatric Immunologist, Dr. Wei Zhao until 3/28/19 is negligent.

Bodhi's current psychological and medical state

A note of importance is that Bodhi's behavior seems to be deteriorating because he wants to go back to his mother and also because he has had a persistent vocal tic since February. A tic that got him to KidMed in early February where he was "undiagnosed" and sent home with **Prednisone which is prescribed to treat inflammation. INFLAMMATION is a major symptom in immunological diseases.** Bodhi having vocal tics has long been associated with his autoimmune disease. CDSS has refused my participation in medical appointments. And in doing so broken the law. For nine months CDSS has refused to get Bodhi to see his peds immunologist. As a person with an autoimmune disease it is recommended to see the immunologist every 2-3 months. I have also NOT been told of emergency visits to urgent care, or when 911 was called to treat my son! It was Bodhi who told me about the 911 call, and I learned of the KidMed visit and treatment with Prednisone in a FAPT report! I think this is prudent for the Court to know and for the Chesterfield DSS Board of Directors to address.

Also, in the 3/14/19 CDSS meeting, Mr. Nick Bell made a syllogism of regression with Bodhi's negative behaviors appearing to be linked to me and comments I had made to Bodhi: (vis-à-vis: therapists typing notes because they are reporting on what we are doing and saying when Bodhi asked why they were doing that, and my responding to Bodhi that Nick will NOT be his therapist when he returns home, when Bodhi asked if Nick would be coming to our house). Mr. Bell, Mrs. Williams, Ms. Peterson et al were openly recorded as stating that they did not feel I was the reason for Bodhi's regression when I pressed Mr. Bell on the false equivalency. But this false narrative and negative bias keeps popping up in reports and discourse.

The fact is that I have had no significant time with Bodhi in NINE months. And all the time I have had with him has been monitored. Bodhi's behaviors are the same one's that I was seeking medical and psychological treatment for PRIOR to this nightmare. His pushing car buttons (as noted by Family Focus and Hopetree during transport) and demonstrating oppositional defiance are all the same symptoms he has had FOR YEARS. And in varying degrees his behaviors have been linked to his immunoglobins/immune system. CDSS and their agents negate medical diagnoses in EVERY report to the court. They do not even consider how autoimmune disease, Autism, ODD, DMDD and ADHD contribute to Bodhi's behaviors! And in NOT recognizing his medical/psychological diagnoses, they are not doing due diligence in treatment and care for our family.

As per the last CDSS meeting of 3/14/19, discussion of reunification in the "long term" as opposed to immediate reunification is detrimental to Bodhi. I hope the Court will consider a recommendation of immediate reunification. Even Nick Bell, Jerri Adams and the Elliotts have acknowledged that Bodhi is shutting down, regressed with negative behaviors and keeps asking when he will be with his mother. So, I feel it is imperative for the Court to KNOW this and understand that NINE months in a little boy's life is far too long. And the signs of prolonged trauma are manifesting with regression. And NINE months of forced separation from my baby has scarred and traumatized me to the detriment of my health. There is not a day that doesn't go by that I do not sob the loss of my most beloved Bodhi; my greatest legacy.

Ms. Mahoney had for 3 months been able to offer financial support and car repair as per a grant. Those funds stopped in November. That was a demonstration of compassion, dignity and respect. Ms. Tamera Peterson has showed the opposite most especially in her communications and lack of responsiveness. Mr. Sheldon asked Ms. Peterson on 3/8/19 for copies of all reports that CDSS has on our family as pursuant to Virginia Statute 63.2-104. To date Ms. Peterson has not responded NOR has she provided such.

I hope that all individuals who took the time to read this report/account of our nightmare at the feet of CDSS, will look for solutions to get Bodhi home immediately. As well as help other families who are likely suffering similar trauma by CDSS. It is my calling and mission to ensure that not only are other laws enacted (such as the Foster Care Omnibus bill, SB 1339), but DSS

agencies across Virginia are investigated via a commission for their policies, practices, oversight and fiduciary responsibility. We have learned from the VDSS internal audit submitted to JLARC that Virginia foster care statistics are repugnant. 59% of children in foster care are not reunited with their birth parents. The national average was 25%. Appalling!

Also, the University of Richmond October 2018 Law Review on Virginia's Foster Care system ranked Virginia as the WORST state in the country when it comes to Foster Care. I surely have illuminated just SOME of the atrocities our family has endured at the hands of CDSS. Let us work together with kindness, compassion, altruism and integrity to ASSIST families, not add to their hurt or trauma.

Assessment of Chesterfield-Colonial Heights Department of Social Services provision of Reunification Services to Sagé and Bodhi Blaska

My name is Mark H. Reed. I am a retired Child Welfare Professional with 23 years of experience as a Foster Parent, Foster Care Specialist, and Child and Adult Neglect/Abuse Investigator for the State of Michigan Department of Health and Human Services. I hold a Bachelor of Science (*Cum Laude*) Degree in Family Studies from Central Michigan University; with Majors in Human Environmental Studies and Special Education. Since July of 2016 I have served as a Consultant and Advocate for children and families in Rockbridge, Augusta, Campbell, Bedford, and Roanoke Counties, and children and families in the cities of Lexington, Buena Vista, Waynesboro, Lynchburg, Roanoke, and Chesterfield. In addition, I am an Investigator for a law firm that is currently engaged in civil actions in the State of Virginia.

At the request of Chesterfield-Colonial Heights Department of Social Services (CCHDSS) Client Sagé Blaska and her Attorney, Greg Sheldon, I am submitting an Assessment of CCHDSS' Provision of Services for Parent Sagé Blaska and her son, Bodhi Blaska. This Assessment is based on my review (Since February, 2019) of CCHDSS' compliance with Policy and Procedure as outlined in the VDSS Child Protective Services and Foster Care Manuals, with the caveat that I do not have access to all of CCHDSS' confidential documents (including their Child Protective Services Investigation) and Court Documents and Orders as they relate to Ms. Blaska and Bodhi Blaska. In addition, I have interviewed Ms. Blaska extensively and actively participated in meetings between Ms. Blaska and CCHDSS Child Welfare Staff and their contracted providers, Hopetree Family Services (Hopetree) and Family Focus.

In my professional opinion, CCHDSS—and by extension Hopetree and Family Focus—have failed miserably in their attempts to provide Services to Ms. Blaska and her son, Bodhi Blaska. For the sake of attempted brevity, I will summarize the basis of my opinions in this Report in bullet points, but am prepared to expand and clarify to the Court during the upcoming 04/01/19 Court Hearing.

- CCHDSS—including their Child Protective Services (CPS) and Foster Care Departments-- does important work. However, that work is no more and no less important than **how** the work is accomplished (VDSS CPS Manual Section 1.1). As it relates to Ms. Blaska and her son, the intervening CCHDSS CPS Investigator had a responsibility to fully advise Ms. Blaska on how she could avoid losing custody of her child. It is my understanding that in Ms. Blaska's CPS case, **CPS' primary concern was Ms. Blaska's ability and willingness to ensure that someone had the legal authority to make medical decisions for her child while he was hospitalized, if she was indisposed due to medical reasons.** Setting aside Ms. Blaska's belief that the intervening CPS Investigator was not respectful, genuine, and non-judgmental, a diligent CPS Worker would have actively listened to and assessed Ms. Blaska's "story", sought to develop a partnership with her, supported her in identifying **her own** goals, and provided **concrete** assistance to meet her needs (VDSS CPS Manual Section 4.1.2). As stated above, Ms. Blaska needed assistance in understanding how to empower another person to make medical decisions in the event she was unable to do so herself. Given that most parents are not necessarily familiar with how to obtain a Power of Attorney (POA), the intervening CPS Worker should have explained this process clearly and concisely, and ensured Ms. Blaska not only understood the process, but had the means to do so. It should be noted that at the time of CPS Intervention, Bodhi Blaska was not at risk of harm, as he was under the care of qualified hospital staff. This was due to Ms. Blaska's significant efforts to ensure his care while she obtained care for herself. Additionally, the Court should note that any additional concerns regarding Bodhi Blaska's safety—including the many concerns referenced in this report and documented in various Progress Reports—**should have either been outlined in the initial Petition requesting Bodhi's removal from Ms. Blaska's Custody, or should have been added to the Petition if/when they occurred, so they could be addressed in via Services.** In summary, **CPS could have worked harder with Ms. Blaska to ensure ongoing care for Bodhi Blaska, but chose instead to simply remove Bodhi Blaska from Ms. Blaska's custody. CPS chose the path of least resistance.** This is what VDSS Policy means when it states "'How we do our work is as important as the work we do.'"

- Assuming CPS completed a thorough Risk Assessment during their Investigation, CPS knew or should have known that Ms. Blaska had a history of childhood maltreatment by a family member (VDSS CPS Manual Section 4.4.15), and should have relayed this information to Foster Care Staff prior to Foster Care placement. Instead, CPS or Foster Care Staff, at some point, placed Bodhi Blaska with the family member that abused Ms. Blaska when she was a child. Regardless of whether or not that family member did in fact subsequently physically abuse Bodhi Blaska—as alleged by Ms. Blaska and Bodhi Blaska—Foster Care Staff at some point made a determination that Bodhi Blaska should be removed from that family member’s custody. This placement and subsequent replacement served only to complicate matters, threw the family into turmoil, and contributed to additional trauma, **which was completely avoidable**, given an accurate CPS Risk Assessment, a subsequent (and hopefully accurate) Foster Care Comprehensive Social History (VDSS FC Manual Section 5.6.2), and a sound and structured decision-making process in terms of Foster Care Placement.
- CCHDSS violated Virginia Department of Social Services (VDSS) Policy—and by extension Virginia Law—when it refused to allow Ms. Blaska the assistance and resources of non-relative supports during Team Meetings (VDSS FC Manual Section 2.9.2). This blatant disregard of Policy and Practice is, unfortunately, typical in a Child Welfare System where local DSS’—receiving direct oversight from a local Board of Directors instead of from the State of Virginia—may “invent” their own policies, an issue recently addressed in a December, 2018 *JLARC* Report and subsequently visited in the Virginia Legislature through the enactment of Child Welfare Reform Legislation that will go into effect in July, 2019.
- CCHDSS and/or Hopetree/Family Focus violated VDSS Policy—and by extension Virginia Law—when it refused—and continues to refuse—Ms. Blaska’s active involvement in her child’s medical planning (VDSS FC Manual Section 12.11.1). Among the many instances where CCHDSS/Hopetree has violated this Policy is an incident where Bodhi Blaska received **emergency medical treatment** and CCHDSS/Hopetree failed to notify Ms. Blaska, who eventually learned of the incident from Bodhi Blaska himself after the fact.
- CCHDSS and/or Hopetree/Family Focus perpetuated, over the course of several months, a damaging, documented (verbal and written) false narrative alleging Ms. Blaska perpetrated physical abuse on her child during a December, 2018 supervised visit. It should be noted that at no time did any of the mandatory reporters present during the alleged physical abuse file a complaint of suspected child abuse pursuant to 63.2-1509 of the Code of Virginia. As an aside, in failing to report the aforementioned documented physical abuse “as soon as possible, but not longer than 24 hours after having reason to suspect a reportable offense of child abuse”, CCHDSS and/or Hopetree/Family Focus—according to 63.2-1509 of the Code of Virginia—should “be fined not more than \$500 for the first failure and for any subsequent failures not less than \$1,000.” Through their continued reference to this alleged abuse, CCHDSS and/or Hopetree/Family Focus has caused irreparable harm to Ms. Blaska’s emotional state of mind and has damaged her relationship with her child. At this point the Court should be aware—if it is not already—that Ms. Blaska has a Mental Health Diagnosis. Given this information, it should not be surprising—and in fact should be expected—that the repeated reference to this incident and subsequent documentation in Progress Reports interferes with the Reunification process; causing severe harm to the preservation of the relationship between Ms. Blaska and her child when Ms. Blaska is overcome with depression and unable to actively participate in services—including her Supervised visits with Bodhi Blaska.
- CCHDSS and/or Hopetree/Family Focus perpetuated a documented (verbal and written) false narrative alleging Ms. Blaska engaged in inappropriate conduct of a quasi-sexual nature toward her child during a January, 2019 supervised visit. As noted above, continued reference to this alleged incident—which a reasonable person could describe as malicious and irresponsible behavior on the part of any Social Service Agency—has caused irreparable harm to Ms. Blaska’s emotional state of mind and has damaged her relationship with her child. CCHDSS/Hopetree/Family Focus should have a better grasp of the overarching VDSS Principle that “family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.” (VDSS FC Manual Section 1.4)
- CCHDSS and/or Hopetree/Family Focus waste valuable resources through their continued insistence on multiple personnel being present during supervised visits between Ms. Blaska and her child. The presence of unnecessary

personnel contributes to an uncomfortably artificial atmosphere and hampers Ms. Blaska's and her child's ability to interact naturally and spontaneously. It should be noted that on February 20, 2019, one of the individuals regularly present during supervised visits openly admitted that she and other Staff fail to adequately monitor interactions between Ms. Blaska and her child—instead relying on each other to be vigilant “in case I miss something.” In addition, the individual openly and defiantly admitted that during a February, 2019 supervised visit, she read unrelated extraneous material on her laptop computer during the visit—as opposed to actually observing and evaluating interactions between Ms. Blaska and her child.

- CCHDSS and/or Hopetree/Family Focus coerce Ms. Blaska into participating in services without her consent or knowledge. The most recent example of this is CCHDSS and/or Hopetree's continued insistence that Ms. Blaska participate in Supervised Visitations without first signing an official “Supervised Visitation Agreement” that outlines official “services”, “policies”, and a “visitation plan”. Significantly, this practice is in direct violation of VDSS Policy—and by extension Virginia Law (VDSS FC Manual Section 15.5.1).
- CCHDSS and/or Hopetree/Family Focus refuse to allow Ms. Blaska to make audio recordings of supervised visits and other services, in spite of the fact that Virginia Law clearly states “It shall not be a criminal offense under this chapter for a person to intercept a wire, electronic or oral communication, where such person is a party to the communication or one of the parties to the communication has given prior consent to such interception” (Virginia Code 19.2-62). It should be noted that CCHDSS and/or Hopetree's continued refusal to follow the law is—as stated above—typical of a local Agency that has little or no State oversight.

In conclusion, it is difficult to assess the Ms. Blaska's true progress toward Reunification given that the Agencies overseeing the process have consistently placed barriers in front of this family that have become difficult—if not impossible—to overcome. Nevertheless, CCHDSS/VDSS is charged with two important tasks as it relates to Child Protective Proceedings—the safety of children and the preservation of families. Given CCHDSS/Hopetree's/Family Focus' documented history of impeding and harming the Reunification process, the Court should consider the following Recommendations:

1. Sagé and Bodhi Blaska should be regularly engaging in intensive Family Therapy without the constraints of **any other** extensive and unnecessary burdensome services.
2. Family visits—if they must be supervised—should occur weekly in Ms. Blaska's home, and the **CCHDSS Foster Care Specialist**—the individual who is ultimately responsible in this case--should be the only supervisor of the visits. Additionally, CCHDSS should transition to weekly Unsupervised Visits no later than 04/15/19 and should transition to weekly overnight visits no later than 05/06/19, with a Goal of Reunification on or around 06/03/19 or earlier, if appropriate.
3. The CCHDSS Board of Directors is or should be aware of the many problems regarding this case, as Ms. Blaska and I sent them a letter (to which they have not responded) on 03/01/19 documenting many of the issues noted in this Report. The Court should request feedback from the CCHDSS Board of Directors as to their oversight in relation to this Foster Care case, and should make the CCHDSS Board of Directors aware (as Ms. Blaska and I did in our letter) that I intend to file a complaint with the Virginia Office of the State Inspector General and request it exercise its authority, responsibilities, powers, and duties and investigate CCHDSS' illegal conduct, waste of state funds, abuse of state resources, gross mismanagement, and gross neglect of duty.

Respectfully,

/by electronic submission/

Mark H. Reed
Child and Family Advocate
614 Ross Road
Lexington, VA 24450
540-784-6689
mrmrkreed@gmail.com

Village Office
13332 Midlothian Tnpk.
Midlothian, VA 23113
(804) 794-5598
Clinical Fax 378-1954

Joseph P. Goddard MD
Jennifer B. Brown, MD
Joseph U. Castro, Jr., DO
Pamela J. Bartell, DO
Julie Julian FNP- C

Midlothian FAMILY Practice

Caring for Midlothian Since 1893

November 9, 2018

Waterford Office
3000 Watercove Rd.
Midlothian, VA 23112
(804) 744-0200
Clinical Fax 744-8417

Herbert A. King, MD
Jeffrey N. Greer, MD
Amy O. Marshall, MD
Josh Harris- PA
Shannon Davidson- NP

Powhatan Office
3510-A Anderson Hwy.
Powhatan, VA 23139
(804) 598-3100
Clinical Fax 598-2965

Barbara M. Prillaman, MD
Shelley C. Short, MD
Donald P. Sanders, MD
William C. Andrus, PA
Nicole Cole, NP

Westchester Office
15769 WC Main St.
Midlothian, VA 23113
(804) 794-5598
Clinical Fax 804-378-9140

Garrison S. Bennett, MD
Tiffany L. Orndorff, DO
Laura G. K. Aisenberg, MD
Kelly McAuliffe, NP

MDVIP
W. Philip Morrisette, III, MD
(804) 419-9701

Patient: Kimberley Blaska
2863 Iverson Rd
Midlothian VA 23112

To Whom It May Concern,

I am writing on behalf of my patient, Kimberley Sage Blaska. I have know Ms Blaska since 3/2013. In that time, I have known her to be a very driven and perserverant person who loves immensely for her son, Bodie. We have had many talks about Bodie's condition over these years. She has always presented to me as orgainized and conscientious with his care, constantly researching what she has been told were her current health conditions. She has, often at times to her own health detriment, allowed Bodie's care to be her number one priority. I truly feel like she would do anyting to take care of him in the best way she thought possible.

I hope you will take this in to consideration when you are making decision aout reunification.

Sincerely,



Dr. Amy Marshall

JANAE W. HOUSE, LCSW

Hope in life's difficult & challenging circumstances

November 14, 2018

The Honorable Judge M. Minton, Jr.
Chesterfield County Juvenile and Domestic Court
7000 Lucy Corr Boulevard
Building Number 7
Chesterfield, VA 23832

RE: Sage and Bodhi Blaska

Dear Judge Minton,

My name is Janae House and I am a Licensed Clinical Social Worker in private practice in Midlothian, VA. This letter is in support of Ms. Blaska and her case in your court regarding reunification with her son. I first met Ms. Blaska in August 2014 when she requested counseling for job concerns. She contacted me again in March 2017 for treatment of depression and anxiety. Most recently she initiated therapy in February 2018 when she had concerning physical health issues and had been told her son had autism. In each of these situations, Ms. Blaska initiated therapy when she knew she needed professional assistance to secure more effective strategies with the situations before her. Our work has continued during the time her son has been in foster care.

What I have learned over the years about Ms. Blaska is she is open, honest, deals directly with problems and situations and seeks out answers when she lacks information. She shows initiative and determination. Often we discussed challenges with her son and her search for answers to his extraordinary needs. Her parenting skills were strong, offering her son experiences beyond the ordinary. She secured scholarships for him for summer camps and other growth promoting adventures. She went the extra mile in securing services to best meet his educational needs.

Ms. Blaska has grown in her understanding of herself and bolstered her parenting skills since her son was removed from her home. She desires the opportunity to demonstrate she is the best home for her son. My clinical opinion is she will provide an emotionally stable home for her son to grow and thrive. She has benefitted from the services provided while her son has been in foster care and shares how she will implement the skills and information.

Sincerely,

Janae W. House, LCSW

Janae W. House, LCSW

1133 Jefferson Green Circle
PO Box 555
Midlothian, VA 23113

804-794-7777

804-794-7281

midlothiancounseling.com

Head Coaching

~~119 Distan Court~~
~~Keswick, VA 22947~~

434-249-6846
sharon@head-coaching.com
www.head-coaching.com

November 3, 2018

Judge M. Duncan Minton, Jr.
Chesterfield County Juvenile and Domestic Court
7000 Lucy Corr Boulevard
Building Number 7
Chesterfield, VA 23832

RE: Sage and Bodhi Blaska

Dear Judge Minton,

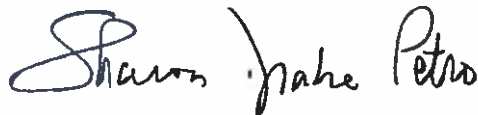
I'm writing in support of Sage Blaska, mother of Bodhi Blaska. I first met Sage in 1999 when she entered my private counseling practice in Charlottesville, VA. At that time I practiced as a Licensed Professional Counselor and since have relinquished my license. I currently own Head Coaching Enterprises working as a sport psychology consultant.

I saw Sage off and on for about four years dealing with her anxiety associated with parental trauma. She was referred to me by a psychiatrist with a PTSD diagnosis. I found her to be a very bright and caring young woman willing to do the work to heal.

I no longer have a mental health practice and have recently, in the last couple of years, reconnected with Sage. I mostly have followed her journey via Facebook and recently spent some time with her and Bodhi. I believe she is emotionally stable and a very caring mother of her child.

I hope this information will help you reunite this mother and child allowing them to move forward.

Regards,



Sharon Drake Petro, Ph.D.
814 Village Road
Charlottesville, VA 22903
434-249-6846



Marnie Huger
7504 Glebe Road
Richmond, VA 23229
804-282-1859
mbhuger@verizon.net

October 29, 2018

The Honorable Judge Minton
Chesterfield County Juvenile and Domestic Court
700 Lucy Corr Boulevard
Building #7
Chesterfield, Virginia 23832

Dear Judge Minton,

My name is Marnie Huger, and I met Sage Blaska when I was her fourth grade teacher at Montrose Elementary School in Henrico County in 1977. She was a model student with impeccable citizenship and work habits. In addition to excelling in academics she displayed great creativity. At the end of that school year I was touched when she invited me to lunch at Mr. Patrick Henry's Restaurant on Church Hill. That began a special relationship as friends for a span of over 40 years.

My friendship with Sage included getting together over the years in a variety of ways. We visited the Dumbarton Oaks Gardens in Washington, DC, met at restaurants in Richmond, went to ballet performances, got together with friends we had in common and spent time just talking. She is the same compassionate soul today as she was as my fourth grade student and holds a bright spot in my heart as both a former student and friend.

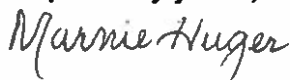
My observations of Sage as a mother come from interactions during my visits with Sage and Bodhi and also from her posts on social media. When I first met Bodhi he was an infant, and I well remember the pride oozing from Sage when she introduced me to him at Bacchus Restaurant on Meadow Street in Richmond's Fan District. As he grew older, Bodhi joined Sage and me for lunches during the Christmas season at the Jefferson Hotel so he could see the gingerbread houses and decorations. Each time she brought me holiday treats that the two of them had made together. It was evident that she had worked hard to teach her son manners and respectful behavior. I know from our conversations that she worked tirelessly to ensure he realized that behaving politely is a way of life and not just something you do at fancy restaurants. I can emphatically say that she was big on teaching him social graces at an early age. Each time I've been with them together I've observed how Sage has instilled empathy in him. She often encourages Bodhi to talk about his feelings. I know from Facebook posts and pictures that Sage is diligent in providing proper nutrition in their nightly dinners together. Food presentation can do wonders to encourage children to eat healthy foods, and the photos on social media display her artistic ability at work on the

dining room table. I've seen Facebook photos showing that she introduced him to a variety of activities to promote right brain/left brain balance. She has taken him to Richmond Symphony concerts, Richmond Ballet performances, local museums and Longwood Gardens in the Brandywine Creek Valley of Pennsylvania. Music and dance have been emphasized along with academics. She has provided him the memorable experiences of several summer camps, and she also found a young man to serve as mentor to Bodhi. She has made the effort to keep Bodhi connected to his half sister, Raya, in New Zealand who has even come to Sage's home for a visit. Photos on Facebook warmed my heart as brother and sister bonded with each other. Social media posts highlight the consistency, dedication, patience and, above all, love Sage shows as a mother.

Over the years I've observed Sage's strong character and psychological stability. She is extremely smart and is confident in her abilities. She showed great tenacity in achieving goals for Bodhi when he was diagnosed with ADHD and Oppositional Defiance Disorder. She became his best advocate and showed strong adaptability skills in pursuing his plan for success in school. She immediately found out his rights and spent countless hours preparing for meetings with the Child Study Team at his school so he could have the individual educational plan best suited for him. I learned from my 40 years of teaching there is no more powerful advocate for children than a mother armed with information and options. When Bodhi was diagnosed with PANDAS/PANS she zealously searched for the best experts in the country on this little known disease. Her strong focus on her son's growth and development intensified. She reached out passionately for financial help in getting him to the doctor she felt could best help Bodhi. Her focus became one thing: saving her child from the ill effects of the disease by learning to manage the neuropsychiatric symptoms of PANDAS/PANS. The persistence I discovered in Sage as a fourth grader is alive and well. Her positive attitude in coping with all the frustrations and heartbreaks of this autoimmune disorder is inspirational. She understands that life isn't always fair, and she rises boldly to the challenge. When it comes to her child, she is a mighty warrior fighting to give him a happy and healthy life.

I hope the reunification of Sage and Bodhi will happen soon. Robert Browning once said, "Motherhood: All love begins and ends here." Sage Blaska's instinct as a mother is a force to be reckoned with.

Respectfully yours,



Marnie Huger

November 4, 2018

To Whom It May Concern:

My name is Gwentyth Eve Todd and I am writing on behalf of Ms. Sage Blaska, whom I have known since 1991. I met Ms. Blaska when I was working for then Secretary of Defense Cheney and was immediately impressed by her strength of character, resourcefulness, warmth, generosity and resilience. She had grown up in a dysfunctional family and was determined to break free of her own negative family bonds cleanly and without resentment. It was clear from the beginning that she had an unparalleled sense of honor for those less fortunate and would go to any lengths necessary to do what is right, show love and mercy and defend those around her in the face of daunting challenges.

Thriving in the cutthroat environment along the East Coast as a single woman without a support network was no small feat but Ms. Blaska managed to do so and take it further, obtaining a Master's Degree from Temple University and subsequently creating an avant-garde dance program at the University of Virginia. Her support and mentoring of her students earned her gratitude, respect and lifelong devotion of the young people fortunate enough to study under her. She became a maternal figure for many students who found themselves far from home in an unfamiliar and competitive environment for the first time in their young lives.

Having demonstrated all the qualities one would look for in a carer for others and it was thus happy news indeed when Ms. Blaska gave birth to her son, Bodhi. Once again she exhibited incredible resourcefulness in providing every possible opportunity for her son as he grew, sacrificing herself for him as necessary and succeeding in securing positions in the best educational and developmental programs, despite minimal funds.

Every child is different. My own daughter was diagnosed in vitro with Trisomy X, a genetic anomaly that can pose developmental challenges. In my daughter's case, I had advance warning that extraordinary support might be necessary to ensure a happy and smooth childhood. In Bodhi's case, there was no such advance warning and when unusually forceful defiant behavior escalated into a full-blown health crisis, Ms. Blaska sought support and assistance at tremendous financial and emotional personal cost. She frequently found herself battling bureaucrats and judgmental family members as she sought to ensure Bodhi's safety and happiness but persevered regardless.

Earlier this year, in what can only be described as cataclysmic circumstances, Ms Blaska's son, Bodhi, was removed from her care and placed in the care of Ms.


Blaska's mother. While her mother's readiness to step in during a crisis has been greatly appreciated, Ms. Blaska has traumatic memories of the treatment she herself received growing up in her mother's household, a painful experience with which I became aware shortly after first meeting Ms. Blaska in 1991. Ms. Blaska is quick to forgive but is understandably committed to ensuring the long term welfare of her son. She is naturally eager to be reunited with her son and reestablish their life together.

This has been a turbulent time and a traumatic one for Bodhi, who has seen his home life destroyed as he himself has been forced to confront his own medical and psychiatric condition without the comfort of his mother. While worrying and doing whatever possible to reassure Bodhi that he is safe and loved, Ms. Blaska has also taken this time to focus on her own health and well-being, recognizing that she needs all her own strength, as well as specific coping mechanisms to cope with the challenges of a child with special needs. Clearly she takes the matter very seriously and is ready to work with the relevant authorities to address any and all concerns raised by them.

As a mother myself, I cannot imagine anything more traumatic for myself or my daughter than having my child taken from me. I sincerely hope that every effort will be made to reunite Ms. Blaska and Bodhi for the benefit of both of them.

Should you have any questions, please do not hesitate to contact me via email at gwenyhtodd@aol.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gwenyth E. Todd". The signature is fluid and cursive, with the first name being the most prominent.

Gwenyth E. Todd

Melanie Brusati
10706 Keeney Court
Henrico, Virginia 23238
804-938-5759
mbrusati@verizon.net
October, 25 2018

Judge M. Duncan Minton, Jr.
Chesterfield County Juvenile and Domestic Court
7000 Lucy Corr Boulevard, Building Number 7
Chesterfield, Virginia 23832

Dear Judge M. Duncan Minton, Jr.:

Re: Sage and Bodhi Blaska

I am writing this letter to you regarding the character of my friend Sage Blaska. I have known Sage since we attended Virginia Commonwealth University together from 1986 to 1990. We have remained in close contact since then, and she is one of my closest companions, whom I love like a sister.

She has confided in me that the forced separation from her son Bodhi has been the most painful and difficult situation that she has ever had to face. I have always known Sage to be a loving and compassionate mother to Bodhi, who puts his needs before her own. I can tell you from personal experience that she loves him more than life itself. Every time we get together Sage speaks in glowing terms about Bodhi, his personal accomplishments and his goals for the future.

Sage has taken care to insure that Bodhi has the best education that she can provide, and has gone to great lengths to obtain a scholarship for him to attend prestigious summer Camp Keewaydin. She has made personal sacrifices as a single parent so that Bodhi is able to participate in extracurricular activities and attend / host birthday and other events with his friends.

I have observed that Sage and Bodhi have a very loving mother / son relationship and I know that the separation has been extremely hurtful for both of them. I hope that they will be able to be reunited soon. Please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'Melanie Brusati', with a long, sweeping horizontal line extending to the right.

Melanie Brusati



BERKSHIRE HATHAWAY
HomeServices

November 2, 2018

Judge M. Duncan Minton, Jr.
Chesterfield County Juvenile and Domestic Court
7000 Lucy Corr Blvd, Building 7
Chesterfield, VA 23832

Re: Sage and Bodhi Blaska

To the Honorable Judge Minton,

My name is Darren Bondy and I am proud to offer my recommendation of Sage Blaska who I have personally known for about 25 years as my friend. We are like family to each other.

During my relationship with Sage Blaska I have experienced a person who is intelligent, articulate, honest, caring, compassionate, loving, responsible, open minded and somewhat opinionated. We have shared many deep soul moving conversations, celebrated special occasions (including but not limited to visiting the AIDS Quilt in the National Mall and my first Wedding). We have remained close all these years despite my moving around the country from East Coast to West Coast and back and Sage moving overseas and back. Sage is a very special person in my life and we have grown closer over the past couple of years, as she has leaned on me for emotional support.

Sage loves her son Bodhi more than life itself. She is a very devoted mother and caretaker. She has researched and gotten several opinions on the behaviors and health issues that have plagued Bodhi over the past several years. She has been undeniably dedicated to Bodhi experiencing a life full of love, compassion, laughter and good health. We have spent many hours talking over the phone about the situation and I've done my best to support her in not giving up. I know this time that Bodhi has been away from Sage in foster care has been extremely heartbreaking and challenging for Sage. Her love and commitment to him is admirable and undeniable. Sage is a very strong-willed woman who is fiercely committed to a healthy and happy life for herself and her son, Bodhi, together. I am completely supportive of them both and their reunification. I cannot imagine it is easy to raise a child on your own, but Sage has worked tirelessly to provide the best possible life for Bodhi, full of love, gratitude, blessings, appreciation and good manners.

I hope you will see in Sage what I know of her. She wants nothing more than to have her Bodhi back at home with her. We are holding off on making plans to spend time together in hopes that Bodhi will be able to be with us. I am happy to speak to you personally or provide you with anything else you may need to decide what's best for Bodhi and Sage. Do not hesitate to contact me.

Sincerely yours,

Darren Bondy
4760 Wexford Drive
Cumming GA 30040
(770) 377-1500
bondy.records@gmail.com

400 North Office

325 Brannon Road, Suite 200 • Cumming, Georgia 30041 • Office: 770.844.8484

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McIntire Department of Art
Fayerweather Hall
Charlottesville, Virginia 22904



University of Virginia
P. O. Box 400130
434-924-6123 • 434-924-3647 (Fax)

To Whom It May Concern:

I have known Sagé Blaska since the fall of 2000 when I became Associate Chair of Studio Art at UVa. In this role, I was committed to pressing for the proposals of the Virginia 2020 Commission report on the Fine and Performing Arts. One of the strongest recommendations in that report spoke to the lack of a dance program at UVa. I later learned that the powerful Dance initiative in this document was largely the work of Sagé Blaska. Shortly thereafter, I met Sagé, and was impressed with her intelligence, power, presence, passion and determination to pursue her vision of the University of Virginia as a place for dance. I was impressed with her 180-page document "A Proposal for Dance Courses in Conjunction with the Studies in Women and Gender Program". This document allowed me to see dance in a new light. To see it intimately connected with the humanities and all the arts including visual art. It also allowed me to see Dance as the connecting fabric to bring the Arts at the University of Virginia together. The strength of her report and the power of her character convinced me to invite Sagé to be a Visiting Artist in the Studio Art Department to teach her course *Dance/Movement Composition as Art*. This course has been successful on many fronts. It has been extremely popular with students who consistently evaluate it in glowing terms. It has also kept the vision of dance, as part of the College of Arts and Sciences at UVa alive. Her vision as an artist, scholar, and revolutionary has stood up to the tremendous inertia inherent in large institutions like UVa. There is now a groundswell of support for Dance at UVa, which would have never happened without Sagé Blaska.

Sagé and I have worked together to create, organize and present the Fringe Festivals in 2001 and 2002. These events showcased her talent as a choreographer and dancer, as well as her organizational ability to create the first All Arts Event at UVa.

During the spring of 2002, my sculpture class collaborated on a project with Sagé's class and Matthew Burtner's class in the Music Department. During this collaboration, I was able to work closely with Sagé and see first hand the power of her teaching as well as the power of her Art.

I strongly support her efforts to secure a permanent teaching position although I will be sad to lose the energy and dedication to dance that she gave to the University of Virginia. I wish we had a dance program and a permanent position to offer her.

Sincerely,

William H. Bennett
Associate Chair of Studio Art
McIntire Department of Art
434-924-6138
whb@virginia.edu
University of Virginia

DONALD E. SANTARELLI, P.C.

Suite 1200
1615 L Street, N.W.
Washington, D.C. 20036

202/778-0770

FAX 202 463-0678

January 5, 2004

Re: Sage Blaska

To Whom It May Concern:

In reference to the application of Sage Blaska for a position in your Department of Dance, I wish to commend to you Sage's talents and her boundless enthusiasm in your consideration of her application. Although I am a former member of the Board of Visitors of the University of Virginia, more importantly, I have served over the past many years as a member of the University's Arts & Sciences Council, now the College Foundation. In that capacity I was very much involved in the University's development programs in support of dance and movement studies. As a coordinator for a number of my colleagues on these councils and foundations, I and others came to know Ms. Blaska and were infused by her enthusiasm and the response of her students with energy not quite matching hers but highly motivating to develop support and raise the funds for the program which she pioneered at the University.

It is with some irony that I recommend her as it would be a great loss to the University of Virginia for her to move on, but her interests seem to call and she is worthy of commendation as well as recommendation. I have rarely seen a person able to motivate as well as educate students. She has brought to this task a rather fundamental intellectual approach to create a truly academic discipline out of what is often a program more superficially developed. Sage bundles many talents and I commend her to you.

Sincerely,



Donald E. Santarelli

DES:sjs



**STUDIES IN
WOMEN AND
GENDER**

March 26, 2008

To Whom It May Concern:

I am delighted to write a letter of recommendation for Sage Blaska.

During the years 2001 to 2004, she was employed by Studies in Women and Gender (SWAG) as a full time Dance Lecturer in Fall and Spring terms. Ms. Blaska created a course, *Dance/Movement Composition as Art*, was not only about the art of dancing, but also about the cross-cultural influences of dance in America.

Through those years I observed Ms. Blaska write a 300+ page proposal for the first ever dance program at UVA. This tremendous endeavor included creating a budget, justification for the program, writing syllabi, and working with administrators, students, alumni and parents in the development of the program. What stands out for me was her passion in working with students. Her students have consistently been enthusiastic about her ability, as well as her teaching skills. One may simply google her name on *The Cavalier Daily* website to see how favorably the students at UVA felt about her. She is inspiring, committed and dedicated to higher education.

Her commitment to academe does not stop at teaching. Among her many related activities she was also involved as: Co-Director/Producer of the UVA Fringe Festival, Director of a Dance Performance Series at a Virginia Community College; Adviser at several Dance Festivals in Virginia, member of the Dance Advisory Board in a major theatre in Charlottesville; Curriculum Advisor for the Dance Program at the University of Virginia; Artistic Advisor, Choreographer and Teacher for the University of Virginia Dance Club. Ms. Blaska also raised money within the University of Virginia during a budget deficit to bring renown choreographer Bill T. Jones for a lecture and demonstration. She was the marketer and producer for all aspects of this event.

Her varied activities extend to fund-raising for several institutions as well. Also, while working as a Dance Lecturer at UVA, she was also Program Coordinator in Medical Education, which demonstrated to me her strength and skills in various aspects of higher education and administration.

Her various activities reflect her wide-ranging, innovative and imaginative commitment to all aspects of the university environment. While her CV may show much experience in the Performing Arts, I would encourage you to at least interview her to understand that her talents certainly go beyond that arena.

Sincerely,

Ann J. Lane
Professor of History and SWAG



To Whom It May Concern:

I am pleased to recommend Sagé Blaska for the Director of Education Abroad at your university. I have known this candidate since she was employed as Program Coordinator for the Ambulatory Internal Medicine (AIM) Clerkship at the University of Virginia where I was her direct supervisor.

The position that Sagé Blaska worked in was new and she helped to develop this position and the clerkship in an outstanding way. The AIM Clerkship was evaluated by medical students as one of the best in the medical school program, and I can attribute part of that success to Sage's attributes, efforts and professionalism.

In this full-time position, she was a creative and innovative thinker, contributing and implementing ideas to enhance the AIM Clerkship. She would work with students in every way possible to help them in their journey of studying medicine. She worked with our physician/preceptors in the community to assist them with their needs as well. She also worked with our faculty that taught the various workshops to our students. This involved coordinating the workshops around their extremely busy schedule and supplying them with the necessary tools and supplies needed to successfully execute their workshops.

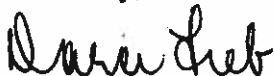
Ms. Blaska worked closely with myself, the AIM Director, and the Director of Information Technology to enhance our student engagement and learning through web-based learning. This was an important step in an on-going process to afford students the opportunity to give feedback on the clerkship, as well as review video footage from workshops, x-rays and notes from lectures.

While she was employed full time in Medical Education, I afforded Ms. Blaska the flexibility in her schedule to enable her to pursue her dream of creating a dance program at the University of Virginia. Her high degree of commitment and determination resulted in the first ever course on dance offered through the College of Arts and Science. She was also able to be a lecturer in the program prior to her leaving here while still balancing her regular work responsibilities. In addition, she used her leadership skills to organize events for the University community.

What is most impressive about Ms. Blaska is her depth of character. She has conducted herself professionally, yet also made sure to listen and learn, to take advice and support and encourage students, and to seek out their interests.

Ms. Blaska left the University in December 2004 to pursue a PhD in Anthropology and Gender Studies in New Zealand. While I was happy to see her continue with her studies, I was sad in a way to lose a colleague and a friend. In applying for the position of Director of Education Abroad, she has demonstrated a desire to deepen her formal knowledge and interest of cultures and once again putting into play her managerial, administrative and people skills. It would be an invaluable asset to your university to have such a passionate and compassionate, committed and diligent, individual amongst your cadre of Directors at VCU. I am certain that your university requires commitment, organization, initiative, and responsibility. Ms. Blaska has more than demonstrated these qualities. I believe she would be an excellent choice for the Director of Education Abroad.

Yours truly,



Darci Lieb, MEd
Assistant Professor of Medical Education
University of Virginia
434-924-2194

To Whom It May Concern:

Subject: Letter of Recommendation, Sagé Blaska

I first came to know Sagé Blaska through our mutual involvement in the Campaign for Dance at the University of Virginia. She was the faculty advisor to the Campaign and I was the student head of the organization. It is safe to say that during the two years that I worked directly with Sagé and in the subsequent years, during which we have remained friends, I got to know Sagé very well.

It wouldn't be appropriate for me to speak of Sagé as a colleague, though she always treated me as one, since she served more as a teacher and mentor. Indeed, a huge part of my education at the University came directly from Sagé and I feel grateful to have had her guidance.

It was Sagé's optimism and vision that were directly responsible for both the student-run mission towards, and the University's subsequent creation of, a dance program. As a student of Anthropology (and the student representative for the Anthropology Department, through the Arts & Sciences Council) I was pleased with Sagé's attention to the importance of creating an interdisciplinary dance program with a multicultural focus. Her efforts in this regard were not surface level, indeed she spent an extraordinary amount of her own time working to develop a program that truly acknowledged, drew from, and paid tribute to the cultural aspects of dance. Her intentions regarding the interdisciplinary aspects of the program were equally impressive – the examination of movement through the lenses of multiple disciplines served to add breadth and cooperation to the program, resulting in increased perspectives.

Sagé is a fresh, motivating, dedicated and diligent teacher. She does not merely teach her students, she inspires them to investigate the world and to draw on their own assets in order to navigate through it.

Though it is slightly unorthodox to say so in a letter of recommendation, the skills that Sagé taught me were directly responsible for my acquisition of a very good internship – after a meeting with students, an alumnus who had seen our development presentation, offered me a position with his law firm. The lawyer mentioned that he was impressed with my ability to lead a group, to synthesize information and to articulate our vision. I turned to Sagé and whispered a thank you. She showed me how to lead a group of students, she showed me how to write grant proposals, she showed me how to speak with Deans and donors that, had it not been for her guidance, would have been intimidating. What is more, the leadership skills I learned from her as she set up and led the Campaign for Dance retreat at The Homestead have stayed with me to this day and influence my management style. I should also note that Sagé was able to secure our rooms at The Homestead for free. She taught me to how to dream a big dream and how to make that dream a reality, and I often refer back to the lessons that I learned when I lead and inspire my employees.

I have seen Sagé put countless hours into her work. I have watched her pour over materials, extend herself to bring guest lecturers to the University and create cross-curricular and multicultural events. Her unwillingness to leave loose ends and her meticulous nature were a benefit to all who had the opportunity to be educated by her. I have heard great reviews from her students and seen their technical ability, their appreciation for different styles and mediums and their knowledge of dance and movement, through a cross cultural perspective, grow.

I highly recommend Sagé for a position as the Counselor for Student Success. She is a true mentor, leader, and teacher. I know that Sagé will be a great asset to any institution that she joins. She is a hard worker who puts her heart and soul into her occupation. If I can be of any further assistance, please feel free to contact me.

Kind regards,

Jennifer Sager
Director of Recruiting
IntelPlacements Corporation

2201 N STREET NW
APT 113
WASHINGTON DC, 20037
202-652-1484

JENNIFER@INTELPLACEMENTS.COM



Ray Eliot Schwartz

+52 (222) 327 2970

ray.schwartz@udlap.mx

22 October 2018

To: Judge M. Duncan Minton, Jr.
Chesterfield County Juvenile and Domestic Court
7000 Lucy Corr Boulevard
Building Number 7
Chesterfield, VA 23832

Re: Sagé and Bodhi Blaska

Dear Judge Minton,

I am writing at the request of Sagé Blaska to discuss my impressions of her over the 31 years I have known her. I first met Sagé when we were both B.F.A. students in the Department of Dance and Choreography at Virginia Commonwealth University. Sagé and I took classes daily together, danced in and watched each other's work, and engaged with one other on a social level in the form of small gatherings of friends and colleagues that often accompanied university life. After college we went our separate ways, until some years later when I was pleased to rekindle my friendship with her when we were both in Charlottesville, Virginia. At the time, I was working as a freelance dance and somatic educator and was a founding member of a local dance company that played a central role in the cultural life of the city from 1994-2003. Sagé had come to Charlottesville with a vision for developing a dance program at the University of Virginia (UVA). She was employed by then UVA President John Casteen to work on the grant funded Virginia 2020 Strategic Planning Initiatives which was comprised of four different areas of academic excellence to be achieved by 2020. Sagé went onto concomitantly hold positions as a faculty member in The Studies of Women and Gender, Studio Art and as well as Program Coordinator in Medical Education. She also spent years working in arts advocacy and development with the Kennedy Center in the D.C. area, dancing with MacArthur Genius Award winner Bill T. Jones/Arnie Zane Dance Company in *The Last Supper at Uncle Tom's Cabin/The Promised Land* and several other D.C. based choreographers.

Sagé has been educated in Dance to the level of an M.F.A. in Dance Studies at Temple University and pursued a PhD in Anthropology and Gender Studies with an emphasis in Dance Studies of Maori and *pakeha* (New Zealand Europeans) at the University of Otago in Dunedin, New Zealand. It was during that period that she became pregnant with Bodhi and decided that life was directing her to a higher calling of motherhood. Sagé earned a Graduate Diploma (Masters equivalent) in Anthropology and Gender Studies. She also was an adjunct Professor in Physical Education (PE) where dance was a required course for all first year PE students.

My impressions of Sagé have always been positive. She has always been a driven and focused person, dedicating herself with passion and commitment to the goals and dreams she has chosen to pursue. Dance as a profession requires nothing less, and I was always both impressed and even a little amazed at the depth of Sagé's pursuit of her interest at UVA. UVA had, like several high-level academic institutions such as Harvard and Yale, never given much credence to dance as an academic pursuit. It has often seemed to me that while theater, which favors text and verbal language – has often been seen within a favorable light. Dance with its focus on embodied practice, subjective empiricism, capacity for multiple meanings, and its tendencies towards abstract and conceptual thinking has not been easy to embrace.

Sagé knew that she was working against tendency and time in trying to implement her vision for a dance program at UVA. Nevertheless, she persisted. Sagé tapped into student hunger and engaged them in advocating for a dance program, she guided them in connecting to national dance organizations like the American College Dance Association, where Sagé and the students presented work and created visibility for their efforts. They did this despite the fact that UVA had not yet established a formal dance program. Sagé taught classes and supported student creativity and practice. She wrote, *pro bono*, an entire dance curriculum and held tireless meetings with administrators and university community members to understand, inspire, and seed the implementation of a dance program at UVA. It is important to mention that UVA today does have a dance minor, and there is constant interest among participants and certain advocates of dance to see that grow into a major. None of the current support that dance enjoys at UVA would have happened without Sagé's impassioned dedication and focus.

I mention this aspect of Sagé's professional life because I have worked for over 15 years in dance in higher education, as both a teacher and an administrator. I know the challenges that are present in the field and I know that it takes very unique people to navigate and effect positive change within it. To serve dance is to serve a demanding profession. Dance is a practice that requires daily discipline. You meet yourself in the studio every day and train your whole self to be more expressive, more agile, more technically proficient, and more vital in your capacity for analysis and teamwork. It is unforgiving in its ability to force its practitioners to confront themselves with honesty and humility. The work that Sagé did in Charlottesville in relation to dance, required all the above and a clarity of mind, coherence of vision, and a patient but unyielding belief in the possibilities of community building and advocacy. In all that she did she was formidable and earned my admiration and a respect that I carry with me to this day.

As I have been living and working at University of the Americas Puebla for the last 12½ years, I have not had the opportunity to see Sagé directly for some time. We stay in touch through social media and often remind one another of our shared pasts. In all our exchanges I am reminded of the person who I have known and admired for so long. To put it lightly, Sagé is one of the good ones and I think I can testify to the fact that the world is a better place for her efforts. I hope this letter affords you a small window into her character, as seen through my perspective as a friend, colleague, and collaborator. Thank you for your time and please let me know if I may be of further assistance in any matters.

Sincerely,



Ray Eliot Schwartz M.F.A.,

Academic Coordinator Dance Program, Universidad de Las Américas Puebla, México. 2008-2018

Research Associate: Center for Body Mind Movement

Fundación Universidad de las Américas Puebla

Ex hacienda Sta. Catarina Mártir, 72810 • San Andrés Cholula, Puebla, México.

Conmutador +52 (222) 229 22 75 • 01 800 22 77 400

www.udlap.mx

November 1, 2018

Judge M. Duncan Minton, Jr.
Chesterfield County Juvenile and Domestic Court
7000 Lucy Corr Boulevard Building Number 7
Chesterfield, VA 23832

Dear Judge Minton,

I am writing with regards to Sagé and Bodhi Blaska.

First, I want to say that it is an honor to write a character reference for my long-time friend, Sagé Blaska. I have known Sagé since high school in the early 1980's.

Sagé and I lost touch after high school as we pursued our education and careers. We re-connected in 2007 when we discovered we both worked for VCU. I was the Director of Student Recruitment for the School of the Arts and she held a faculty position in student advising. In that position, I had a close working relationship with faculty and administrators in all of the departments in the school of the arts. When I learned that Sagé had graduated from the dance department, I naturally inquired about her when I met with dance faculty. The faculty members and department chair had nothing but glowing things to say about Sagé.

Since that time, I have watched her raise her son, Bodhi, both in person and through social media. I was struck by her situation when I learned that her son was suffering from a disorder known as PANDAS. Sagé wrote about the disorder extensively on Facebook. I was impressed with the extent of her research and knowledge about the disease. I was also struck that she became textbook-learned on a very complex disease out of the desire to obtain adequate health care for her son.

When I first learned of Bodhi's condition and the challenges that came with it, I offered to pay for some counselling for my friend who was experiencing what seemed to me to be a mother's worst nightmare. I have since learned that her son was taken from her and placed in foster care, which, I know, ripped her heart to shreds.

From my perspective, I have been amazed at Sagé's commitment to her son's well-being. She has put endless hours into researching and understanding a very complex disorder and teaching others about it so that they may help their patients and children. Her research and knowledge of the medical information related to PANDAS is staggering, and as I see it, a tribute to her unwavering love and dedication to her son's well-being and the well-being of others.

I can say without reservation that Sagé's love and dedication to her son's well-being is unwavering, 100% unwavering, even when all the odds seem to have been working against her. She is a loving and caring friend and mother. Any lesser representation of her, in my personal opinion, is simply untrue and misinformed.

One last thing, I have been truly amazed at Sagé's ability to remain level-headed given the challenges she has faced in recent years. When I think of Sagé, the following words/phrases come to mind: kind, intelligent, loyal, tenacious, and unwavering love for and commitment to the well-being of her son.

Thank you for the opportunity to share my personal impression of Sagé Blaska. I sincerely hope you take this into consideration in any/all decisions you make in the future on their behalf.

Best Regards,



Allison Andrews, M.F.A.
706 W 31st Street
Richmond, VA 23225
(c) 804-301-0401

Ashley Terrill
3516 Jonathans Harbour Drive
Jupiter, FL 33477
323-703-1921

November 1, 2018

Judge M. Duncan Minton, Jr.
Chesterfield County Juvenile and Domestic Court
7000 Lucy Corr Boulevard, Building 7
Chesterfield, VA 23832

RE: Sagé and Bodhi Blaska

Your Honor,

I am the daughter of Judge Delbert R. Terrill, Jr. who served this country for decades. He retired both as a Federal Administrative Law Judge and Colonel in the Air Force. My mother was a teacher who served her country for decades in a different way; dedicating her life to the minds and wellbeing of America's youth. I am informing you of this, because I want you to understand the point of view from which this letter is being written.

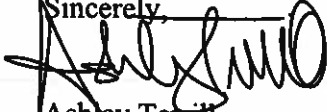
From 1999 to 2003, I attended and graduated from the University of Virginia. During this period of my life, I was a pupil of Ms. Sagé Blaska. I can speak to her character, as a student in her classroom. In knowing her through the ages, I can liken the skills she possessed as a teacher to the esteemed qualities of which good mothering demands.

As a professional, Ms. Blaska was orderly, organized, structured, and firm. She had a wealth of knowledge on the subject at hand and created a curriculum that both informed and inspired. She took interest in her students as individual pupils. She worked with each of us on an individual level to meet our needs and to help us reach our fullest potential. She had the foresight to know a "one-size-fits-all" approach to teaching does not work in the classroom. Nor does it work in life. As a result, her students blossomed under her direction. Her classroom was fertile ground for learning and for achieving excellence.

In the years since my graduation, I have stayed in contact with Sagé because of her impact on my life. She is one of the rare educational professionals I can say this about. Over this time, I have been heart-broken over the many challenges she's faced. Hard times does not seem to begin to describe the unluckiness of her misfortune. Yet, I can say with great confidence: the constant through all is her love and devotion to her son.

Nothing in this world is perfect, and far too many are counted as unlucky. There are single mothers and fathers who work three to four jobs to provide a better existence for their child. The unfairness of this world is uncontested. However, I believe that if a child grows up with a devoted parent, the setting of their childhood is inconsequential. I believe Ms. Blaska to be capable and devoted.

It is my strong recommendation that there be unification. You may contact me at any time to speak further on the matter.

Sincerely,

Ashley Terrill



November 4, 2018

Judge M. Duncan Minton, Jr.
Chesterfield County Juvenile and Domestic Court
7000 Lucy Corr Boulevard, Building Number 7
Chesterfield, VA 23832

Dear Judge M. Duncan Minton, Jr.,

I am writing on behalf of Sage Blaska, a collaborator and friend whom I have known since 1997 when I was a student at the University of Virginia.

Sage and I met when she offered her expertise in dance choreography and performance as a volunteer to the University Dance Club, a student organization I founded and ran. This led to a collaboration the following year on an initiative called *Campaign for Dance*, which she founded to bring a dance degree program to the University. Through these projects, I came to know Sage's unquestionable passion, intelligence, ambition and determination.

In ensuing years, I came to know Sage in other capacities. In friendship, Sage is a kind, concerned and compassionate person. She is a supporter of peace and prosperity for all, passionate about human rights and an advocate for social justice. I remember, when in Washington DC during the holidays, it was her idea to get a group of us together to make bag lunches and drive around on Christmas morning providing them to the homeless.

Though I live in the Southwest and haven't directly observed Sage's parenting style, I can attest to Sage's immense love for her child. Like everything she does, she approaches the task of parenting conscientiously and purposefully, intent on instilling values of love, respect and equality. She finds teachable moments in life's daily challenges and is supremely devoted to ensuring Bodhi's safety, security and wellbeing. Recently, despite financial limitations, Sage found a way to send Bodhi to sleep-away camp during the summer, where he could develop social skills, try new things, be exposed to new environments, gain independence and build character. I believe this is a rewarding, enriching, life-changing part of youth, and I was moved that Sage did whatever she could to make it happen.

I hope this reference letter proves helpful in the upcoming discussions and decision regarding Sage and Bodhi's reunification.

Sincerely,

A handwritten signature in black ink, appearing to read "Danette Wolpert". The signature is fluid and cursive, with the first name "Danette" being more prominent than the last name "Wolpert".

Danette Wolpert
Executive Director
ILLUMINATE Film Festival
PO Box 698
Sedona, AZ 86336

November 4, 2018

RE: Ms. Sage Blaska and her son with a diagnosis of Autism and PANDAS/PANS

To Whom It May Concern:

As the parent of a 25 y.o. son on the autism spectrum who was diagnosed with Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) in the fall of 2010, I would like to offer a few comments in support of Ms. Sage Blaska and her son.

These comments will include: the importance of the PANDAS/PANS advisory council in Virginia, my own son's experience with autism and PANDAS/PANS, and the importance of training for Emergency Department medical professionals about the diagnosis of PANDAS/PANS.

Ms. Blaska is the mother of a 11 y.o. son with a diagnosis of autism and PANDAS who I met when she was the first member of the public to attend a meeting of the Virginia Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) established by legislation in the Virginia General Assembly in 2017 by Delegate Eileen Filler-Corn and signed into law by then Governor Terry McAuliffe. I sit on this Advisory Council as an appointee of Governor Ralph Northam to represent the autism/PANDAS/PANS community.

Advisory Council on PANDAS/PANS:

The significance of the establishment of this PANDAS/PANS Advisory Council cannot be understated. While mainstream medical doctors are frequently unaware of the incidence and severity of this disorder, families and doctors who treat this disorder are painfully aware of how it presents in individuals and how it tears families apart with its intense behavioral and medical symptoms. The Advisory Council is composed of medical professionals, family members and legislators for the purpose of advising the Commissioner of Health on research, diagnosis, treatment, and education relating to these identified disorders and syndrome referred to by the National Institute of Mental Health as PANDAS and PANS. The bill provides for a three-year sunset for the Advisory Council.

My son's experience with autism and PANDAS/PANS:

For example, a chronicle of my own son's journey with this diagnosis might be illustrative of Ms. Blaska's son's experiences.

Key Symptoms of PANDAS/PANS:

The seminal resource for information about PANDAS/PANS is the Pandas Network.¹ The listed symptoms include:

- RESTRICTIVE EATING
- TICS
- ANXIETY
- EMOTIONAL LABILITY
- DEPRESSION
- IRRITABILITY AND AGGRESSION
- BEHAVIORAL REGRESSION
- DEVELOPMENTAL REGRESSION
- DETERIORATION IN SCHOOL PERFORMANCE
- CHANGES IN HANDWRITING
- SENSORY SENSITIVITIES

¹ <http://pandasnetwork.org>

SOMATIC SIGNS
HYPERACTIVITY
CHOREIFORM MOVEMENTS
SEVERE SEPARATION ANXIETY
HALLUCINATIONS
FIGHT OR FLIGHT RESPONSE
DILATED PUPILS
URINARY PROBLEMS

When reading the above list, it may seem like an overwhelming recitation of typical medical symptoms, however, this list is very specific and has certain hallmark presentations. Using my son as an example:

- Dilated Pupils: this symptom was one of the first flags that something was wrong and then accompanied the onset of aggressive attacks. My son has blue eyes, however the pupil of his eye would become so dilated that the blue of his iris could not be seen and all you saw was the dilated black of his pupil. At first, I didn't understand what I was seeing but then realized his eyes were so blown with a dilated pupil that he looked crazed.
- Tics: sudden onset of throat clearing, coughing vocal tics along with motor tics that included stomping up and down and pounding with his fists on doors and walls.
- Irritability and Aggression: targeting certain individuals on a rotating basis. Parents, school mates, care providers and others.
- Hallucinations: hearing command voices when no one was talking and screaming back to the voices to "be quiet".
- Fight or flight Response: extreme fear that triggered adrenaline fueled fight or flight to the point of trying to open the car door while as a passenger riding on the highway.
- Urinary Problems: Called enuresis – this presented as frequently soiling his pants and going to the bathroom many times a day for long periods of time.
- Depression: This was very apparent and something we mentioned to the doctor and the doctor asked us, "do you think he is depressed?"
- Severe Separation Anxiety: He began not wanting to go to school or leave home and go to places he used to enjoy in the past like horseback riding and shopping at the grocery.
- Developmental Regression: He began calling himself a "toddler" and a "baby" and would get aggressive if anyone referred to him as a man or a guy or even used the term "man" within earshot. He began only watching children's early developmental TV shows like "Little Einsteins", "Doc McStuffins", and "Sophia the First" and would get upset and aggressive when we said those are "baby shows" and he is too big to be watching "baby shows". We were unaware of how this comment would trigger an aggressive response from him.

This disease waxes and wanes or relapses and remits as the immune system is triggered by infections which can either be bacterial or viral. There is a sudden onset but then subsequent exacerbations. The dysfunctional immune system is triggered to promote an autoimmune response where the immune system attacks the brain rather than the infection and results in the encephalopathy. If the individual has an infection or is around someone who has an infection themselves, the autoimmune encephalopathy can occur. Thus, an individual can seemingly stabilize until a subsequent recognizable infection triggers another neuropsychiatric response or there can be other infectious triggers such as *Mycoplasma pneumoniae*, as well as influenza and other common viruses that are triggers.

The Importance of Training for Medical Professionals:

As someone with a diagnosis of autism, my son's experience with PANDAS/PANS is complicated by the fact that he is unable to self-advocate and as reflected in recent news articles highlighting the plight of the lack of meaningful care for mental health patients², there are increasing numbers of children presenting to Emergency Departments with mental health conditions. On top of this increasing incidence, children with a

² More kids are showing up in ERs with mental health crises, NBC News. November 2, 2018.

diagnosis of autism are kept longer in the Emergency Department due to a lack of appropriate placements for care.”^{3 4}

My son has been taken to the Emergency Department more than ten (10) times from 2011-2017. During one particularly intense rage period he was taken 3 times in 30 days and admitted to medical wards twice and the mental health ward once. In the fall of 2017 he was at the Emergency Department every week for three weeks until they discovered he required emergency surgery and then also gave him the medical treatment he requires to stabilize, Intravenous immunoglobulin (IVIg).

Medical treatment reduces the brain inflammation which triggers the neuropsychiatric symptoms of PANDAS/PANS. Unfortunately, patients who present with mental health issues are frequently not examined for underlying medical conditions and so go untreated for the conditions causing the mental health crisis.

Because of this lack of awareness and training, the vast majority of individuals who consult doctors for a mental health crisis are labeled as mentally ill when they really have an underlying medical condition.⁵ In recognition of this absence of meaningful medical treatment, the Advisory Council in Virginia was established to make recommendations as to how to foster PANDAS/PANS awareness, education and training among multidisciplinary medical professionals, education settings and families. The PANDAS Physicians Network (PPN) is an on-line resource for physicians for developing diagnostic criteria and fostering research for treatment of this population.⁶

The Journal of Child and Adolescent Psychopharmacology has published a series of papers outlining diagnosis and research based treatment protocols.⁷

In conclusion, I would like to offer my support and advocacy for a family in crisis who has undergone the heartbreak of being unnecessarily torn apart by ill-informed social service and medical personnel rather than given essential support in the home. As with the past reproach of the “refrigerator mom” for what we now understand to be a diagnosis of autism, someday we will recognize the neuropsychiatric changes which result from an infection have nothing to do with parenting and we will stop blaming the mother and rather support the family with medical care and social services in the home to keep the family secure.

Respectfully,



Teresa L. Champion, Esq.

Springfield, VA

tchampion@virginiaautismproject.org

703.517.950

³ Long ER waits persist for children in mental health crises, Boston Globe, July 18, 2018.

⁴ Nowhere to go: Young people with severe autism languish weeks or longer in hospitals, Washington Post, September 23, 2017.

⁵ Misdiagnosed: How Children With Treatable Medical Issues Are Mistakenly Labeled as Mentally Ill, Huffington Post, October 5, 2017.

⁶ <https://www.pandasppn.org/>

⁷ Journal of Child and Adolescent Psychopharmacology, Volume 27, Issue Number 7: 2017; Volume 28, Issue Number 2: 2018.

Re: STILL no visits established with my son - week 3

1 message

Sage Blaska <sageblaska1@gmail.com>

Wed, Mar 20, 2019 at 8:59 AM

To: "Peterson, Tamera" <PetersonT@chesterfield.gov>

Cc: "Vermont, Robert" <VermontR@chesterfield.gov>, "Mahoney, Kelly" <MahoneyK@chesterfield.gov>, "Rogers, Kiva" <RogersK@chesterfield.gov>, Alice Marshal <acmarshall08@verizon.net>, Greg Sheldon <gsheldon@bainsheldon.com>, Margaret Englisby <Menglisby@verizon.net>, Annie Duffy <annied.casa@comcast.net>, lisa.tully@dss.virginia.gov, "Powell, Sarah" <sarah.powell@dss.virginia.gov>, sadie.wilson@dss.virginia.gov, carl.e.ayers@dss.virginia.gov, Don Santarelli <dsantarelli@dsantarellilaw.com>, dorothy.swann@governor.virginia.gov, ralph.northam@governor.virginia.gov, osig@osig.virginia.gov, MHERRING@oag.state.va.us, Janae House <jhouse207@aol.com>, sfranco@cornerstone.ag, lucke@colonialheightsva.gov, jaeckled@chesterfield.gov, "Mark H. Reed" <mrmarkhreed@gmail.com>

Ms. Peterson,

As you are aware Hopetree has a two-party typing surveillance policy, per your request, during our visits. And they refuse to afford me the ability to video/audio record to provide as evidence against any negative or subjective bias. Family Focus has done the following to our family: made WHOLLY inaccurate statements regarding what they describe as "hitting", "pinning hands to the table", inappropriate boundaries such as peck kissing and lingering too long in a hug, and they/you FORCED upon me Family Therapist, Jessica Beach of the same agency. Ms. Beach diagnosed me in 3 minutes with "adjustment disorder". When I called her on that ridiculousness, she released us from her care. There is MUCH more about that agency that is likely flagitious and harmful to our family and other families. But it should be noted that Family Focus and you are at the center of our continued trauma.

I find it absurd that you sent the paperwork on 3/8/19 and here it is 3/20/19 and the Attachment and Trauma Institute (ATTI) has not received your paperwork sent in the same city. FURTHER I suggested a Plan B like scanning and emailing them the paperwork so they know it is on it's way, even faxing it to them. OR Plan C, have Mr. Robert Vermont come to our home and supervise an in-home visit.

Chesterfield DSS doesn't allow me to speak to my son on the phone because I called out a fabrication in the 1/24/19 CDSS meeting by the foster care provider, Mrs. Elliott and stated I have a voice recording of exactly WHAT I did say, not what she professed I said (which made me sound like a paranoid schizophrenic!) So because CDSS contracted agents and contracted foster care family are fearful that their surveillance won't match up with my recordings, I am not allowed to see or speak to my son. DESPITE the goal being reunification and return home.

As Mr. Mark Reed, our family advocate, counter pointed to your argument that a clinician must be available when I meet with Bodhi, there is simply NO policy to support such. And Ms. Peterson stated that you did me a "courtesy" in bringing Bodhi to our home on 2/18/19, my birthday for the FIRST TIME since this nightmare began. A COURTESY!!! How compassionate of you. I would like your agency to do us another "courtesy" and get my son home for a visit this week, and however many weeks it takes ATTI to receive, process, etc. your paperwork. I ask for "courtesy" visits

that preferably doesn't involve you Ms. Peterson because seeing you is akin to a trauma victim having to see their perpetrator repeatedly.

With probity, I remain,

Sagé Blaska

You should know by now, love never goes down without a fight, and justice never lets the oppressor define the terms of success or failure. Justice is a beautiful and creative dance, and the clumsy steps of those who do not know how to sway to its rhythm will soon painfully reveal where each of us truly stand.

On Mon, Mar 18, 2019 at 1:55 PM Peterson, Tamera <PetersonT@chesterfield.gov> wrote:

Good afternoon Ms. Blaska

I understand the importance of resolving this matter. You're correct contact was made on Friday to follow up and I was emailed this morning at 9:09 that they're still waiting for the paperwork. I was also told that they will contact me once the paperwork was received and the initial assessment was underway. I would like to also mention that as we're aware of your right to choose providers and given the challenges you've faced, Hopetree and Family Focus both offered their courtesy support in supervising visitation until ATI was sorted through during our meeting on the 14th. We are all trying our best to support visitation. Hopefully we will receive clarification by the end of this week.

Tamera Peterson, MSW

Senior Family Services Specialist

Permanency Services Team

Chesterfield-Colonial Heights Dept. of Social Services

PO Box 430, Chesterfield, VA 23832

Cell: 804-661-0535

Office: 804-748-1198

Fax: 804-717-6304

From: Sage Blaska <sageblaska1@gmail.com>

Sent: Monday, March 18, 2019 1:21 PM

To: Peterson, Tamera <PetersonT@chesterfield.gov>; Vermont, Robert <VermontR@chesterfield.gov>; Mahoney, Kelly <MahoneyK@chesterfield.gov>

Cc: Rogers, Kiva <RogersK@chesterfield.gov>; sfranco@cornerstone.ag; Alice Marshal <acmarshall08@verizon.net>; Greg Sheldon <gsheldon@bainsheldon.com>; Margaret Englisby <Menglisby@verizon.net>; Annie Duffy <annied.casa@comcast.net>

Subject: STILL no visits established with my son - week 3

Ms. Peterson, Mr. Vermont and Mrs. Mahoney,

Pursuant to our DSS meeting on 3/14/19, I still have NO news or progress for American Trauma Institute (ATI) to commence in-home services with my son. DSS mentioned on 3/14/19 that paperwork was mailed on 3/8/19 as ATI requires payment/invoice before intake and services can begin. I requested that Mr. Vermont could contact ATI with a scanned copy of the paperwork to assure ATI that the paperwork had been mailed and so we could begin in-home services IMMEDIATELY. That idea was not adopted, instead Ms. Peterson stated she would contact ATI.

Ms. Peterson stated that she left a message on Friday, 3/15/19. I am once again asking that Mr. Vermont send a copy of the paperwork via fax or email so I can have a visit with my son this week. Please advise.

Thank you.

With probity, I remain,

Sagé Blaska

You should know by now, love never goes down without a fight, and justice never lets the oppressor define the terms of success or failure. Justice is a beautiful and creative dance, and the clumsy steps of those who do not know how to sway to its rhythm will soon painfully reveal where each of us truly stand.

Military Housing

1 message

Williams, Sara <sara.williams@vadoc.virginia.gov>
To: ralph.northam@governor.virginia.gov

Wed, Mar 27, 2019 at 2:59 PM

Hello Governor Northam,

I am so sorry to bother you, I know you lead a busy schedule. I am an employee of the Commonwealth of Virginia but also the mother and grandmother of a Army Wife and Army Grand Children. My daughter lives at Fort Bragg NC where her husband is stationed and when he has to go for training I take my leave from the Commonwealth of Virginia in order to help her with the grand babies. We have reached out many times to Corvias in regards to security issues in my daughters home. When my daughter moved to Fort Bragg in May of last year it was brought to the attention on the housing department that there was a security issue with the door not securing. In September I took some time off from my job with the Commonwealth of Virginia to help my daughter since she was having a high risk pregnancy and needed to be off of her feet. While down here at Fort Bragg, my grand daughter was able to open the door while I was in the laundry room on the same floor and slip out the house and down the street. I noticed she was gone within minutes but the military MP's were called and I was advised that if it couldn't be shown to the head detective that my grand daughter could in fact reach the door handle and open the door that I would be charged with Felony Child Endangerment. Luckily my grand daughter was able to show the detective that she could pull the door open so no charges were filed. Now fast forward to March 27, 2019 and the door is still not fixed. Once again my son in law is out on a training mission and I am helping with the children. I know that you have been very much an advocate for the military in regards to these housing issues in Virginia, and I was wondering if you could provide me with whom to contact in North Carolina as a private citizen of the Commonwealth of Virginia who was effected by the lack of responsibly of the Corvias Company. When the detective came that morning I was advised that I needed to take Corvias out of the picture that it was my issue and not there's. But with a broken door that has been reported since May of last year and it's now March 2019 and the door is still not fixed and we have reached out to them more than a half a dozen times and still nothing, I was wondering if you could provide me with who in North Carolina I can speak with to advocate for those in the military whom are living in these situations.

Sincerely,

--

Sara T Williams

Surveillance Officer

Voice Verification Biometric Unit

Virginia Department of Corrections

Success isn't just about what you accomplish in your life, it's about what you inspire others to do. -Anonymous

Rapid Deployment Surveillance Cameras with 24/7 Remote Diagnostic Checks.

1 message

Richard Harries <marketing@wcctv.com>
Reply-To: Richard Harries <marketing@wcctv.com>
To: Ralph <ralph.northam@governor.virginia.gov>

Tue, Apr 23, 2019 at 10:15 AM

Ralph,

You may already know that WCCTV is the market leader for rapid deployment surveillance solutions specifically designed to deliver video securely and efficiently via 4G LTE networks.

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- **Recording Issues:** Reports if the system records for less time than expected.
- **Time & Date Inaccuracy:** Reports when the time is incorrect or tampered with

Find out More about WCCTV Rapid Deployment Cameras



Ralph, if you have any current requirements for rapid deployment video surveillance systems please just drop me a quick email and I can arrange a demonstration.

Best regards,

Richard Harries | Technical Account Manager | WCCTV

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Our mailing address is:

WCCTV

866 Presidential Drive

Suite 406

Richardson, Texas 75081

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Re: Financial situation, inclusion in school correspondences and doctor's appointments

1 message

Sage Blaska <sageblaska1@gmail.com>

Thu, May 2, 2019 at 9:35 AM

To: "Vermont, Robert" <VermontR@chesterfield.gov>, sfranco@cornerstone.ag, ralph.northam@governor.virginia.gov, MHERRING@oag.state.va.us, osig@osig.virginia.gov, carl.e.ayers@dss.virginia.gov, "Powell, Sarah" <sarah.powell@dss.virginia.gov>, sadie.wilson@dss.virginia.gov, lucke@colonialheightsva.gov, "Jaeckle, Dorothy" <jaeckled@chesterfield.gov>, "Rogers, Kiva" <RogersK@chesterfield.gov>, "Briggs, Danika" <BriggsD@chesterfield.gov>
Cc: "Mahoney, Kelly" <MahoneyK@chesterfield.gov>

Dear Mr. Vermont, As I explained to you after the IEP meeting on Friday of last week, I will not be able to pay my mortgage starting THIS month. I will be assessed a late fee. Once the mortgage goes into 60 days on NON-payment, Wells Fargo begins the foreclosure process. So, I am trying to avoid late payments and foreclosure. I will have no funds to hire movers and storage fees to save the lifetime worth of belongings. I am being PROACTIVE in BEGGING for DSS to help us AVOID late fees and a serious crisis of HOMELESSNESS with 3 cats and losing ALL OF OUR BELONGINGS.

It seems like you are asking me for a foreclosure notice which is gambling. I am asking for help to avoid all of that.

With probity, I remain,

Sagé Blaska

You should know by now, love never goes down without a fight, and justice never lets the oppressor define the terms of success or failure. Justice is a beautiful and creative dance, and the clumsy steps of those who do not know how to sway to its rhythm will soon painfully reveal where each of us truly stand.

On Thu, May 2, 2019 at 8:37 AM Vermont, Robert <VermontR@chesterfield.gov> wrote:

Have you received any foreclosure notices recently?

From: Sage Blaska <sageblaska1@gmail.com>

Sent: Sunday, April 28, 2019 6:54 PM

To: Vermont, Robert <VermontR@chesterfield.gov>; Mahoney, Kelly <MahoneyK@chesterfield.gov>

Cc: Senator Bryce Reeves - District 17 <district17@senate.virginia.gov>; Rogers, Kiva <RogersK@chesterfield.gov>; Briggs, Danika <BriggsD@chesterfield.gov>; sfranco@cornerstone.ag; MHERRING@oag.state.va.us; osig@osig.virginia.gov; carl.e.ayers@dss.virginia.gov; Powell, Sarah <sarah.powell@dss.virginia.gov>; district01@senate.virginia.gov; district39@senate.virginia.gov; lucke@colonialheightsva.gov; Jaeckle, Dorothy <JaeckleD@chesterfield.gov>; sadie.wilson@dss.virginia.gov; em.parente@dss.virginia.gov; Mark H. Reed <mrmrkreed@gmail.com>; Margaret Englisby <Menglisby@verizon.net>

Subject: Financial situation, inclusion in school correspondences and doctor's appointments

Good day Mr. Vermont and Mrs. Mahoney,

1. I am following up regarding the positive financial support that CDSS is offering. While this IS helpful and gratefully appreciated, we are still in jeopardy of entering into foreclosure on our home that will likely cost us \$20,000+ to resolve once we lose everything in our home as well. I am

outlining below the financial peril we are STILL in, with the budget table below:

<u>Blaska</u> <u>monthly</u> <u>household</u> <u>expenses</u>			
35	water	due 4th	
165	electric	due 7th	DSS
80.78	State Farm	due 15th	
1330	mortgage	due 15th	
18	trash	due 18th	
131.64	internet/cable	due 19th	
24	cell phone	due 22nd	
21	pet food		
14.5	dental insurance	due 27th	DSS
67.17	Cigna Connect 850-3	due 28th	DSS
8.99	Amazon Prime Video	due 31st	
145	*Rx & Co-pay estimates		DSS
80	gas		
300	groceries		
<u>300</u>	<u>**misc</u>		
2721.08	total bills		
1701	Social Security Disability Income		
-1020.08	subtotal after bills		
200	DSS MONTHLY SUPPLEMENT		
391.67	APPROXIMATE DSS REIMBURSEMENT		

	<u>CDSS agreed to pay until June 2019</u>
165	electric (estimate)
145	rx/copays (estimate)
14.5	dental
67.17	health
<u>391.67</u>	<u>approx CDSS payments for 3 months</u>

ADDITIONAL EXPENSES AS OF 4/21/19

82	personal property tax
1300	taxes
400	new eye glass Rx
60	oil change/tire rotation
1000	ceiling sheetrock replaced/falling down
375	tree removal
???	HVAC repair under house
<u>3217</u>	<u>ESTIMATE OF ADDITIONAL EXPENSES</u>

591.67	Approx TOTAL from DSS		
<u>-428.41</u>	<u>MONTHLY SHORTAGE</u>	-	*therapy (2x week), Rx, PCP estimates

**misc: parent/child activities, oil change, tree falling over on house, HVAC repair, ceiling leak in kitchen, haircut, grass cut, eyeglasses

2.

3. Bodhi was put on 500mg of Cephalexin 3 times per day starting 3/28/19 for an extraordinarily high mycoplasma pneumococcal level of 1133 u/mL (normal range is 0-99 u/mL). Bodhi presented vocal tics/throat clearing since the beginning of February, although many NOTED comments by Hopetree, Family Focus and the Elliotts dispute such, I have audio recordings that support the numerous vocal tics/throat clearing I heard during our visits in February. Vocal tics/throat clearing is a common symptom of Bodhi when he is flaring immunologically. YET on 2/4/19, Mrs. Elliott UNFORTUNATELY took Bodhi to KidMed (and not his peds immunologist), without any care or consultation with me, his mother, per my right by law, after what she described as two weeks of coughing. Bodhi was UNdiagnosed yet treated with Prednisone and NO antibiotics; not FOLLOWED up with care in 3-5 days as PER the KidMed recommendation, NOR was I as his mother, by law and VDSS Policy 12.11.1 included in his medical care or even made aware of such until I read about it in the Hopetree 2/12/19 FAPT report. I would have insisted on 2/4/19 that he get to his peds immunologist for diagnosis and treatment. This could have been DEADLY for Bodhi and should be strongly considered as a LEARNING experience for Chesterfield DSS. It was not until I was made aware of VDSS Policy 12.11.1 by Mr. Mark Reed, that I was even allowed to have a say that he get before his pediatric immunologist Dr. Wei Zhao, who has diagnosed (dx) him BOTH with PANDAS and an autoimmune disease. The latter dx affords Dr. Zhao, should Bodhi need it in the future, to prescribe treatment of IViG, plasmapheresis, etc., which would be covered by insurance for \$16K per treatment.

After one month of 1500mg of Cephalexin, Bodhi's microbiome/GOOD gut bacteria are surely killed. Many people know that just from a 10 day treatment of antibiotics, one needs to replace the gut with GOOD bacteria or probiotics. Yet Mr. Vermont and the Elliotts have dismissed my request to give Bodhi probiotics, saying they need a medical doctor to make that determination. Bodhi might likely have a raging yeast infection from 30 days of HEAVY Cephalexin dosages. In fact, it should be expected that he does.

This comes from me, his mother, who, like many other mothers who spend the equivalent to an online PhD in reading PubMed articles on immunological, gut, brain, neuropsychiatric inflammation connections, and KNOW that children with compromised immune systems have symptoms that don't exist in a one medical specialty silo. PANDAS and other autoimmune diseases cross multiple medical subspecialties such as: gastroenterology (often strep bacteria live in the gut and perianal areas, and are not detected by a throat swab rapid or culture), endocrinology, hepatology, psychiatry, immunology, neurology, etc. The N in PANDAS stands for Neuropsychology, which requires a child neurologist who is an MD, not a neuropsychologist who is a PhD and not a medical doctor.

FYI, Mr. Vermont, Dr. Ronald David is Bodhi's doctor for Autism as that is ALL Dr. David specializes in as a child neurologist. Dr. Winslow Borkowski, MD at St. Mary's has been Bodhi's PANDAS/autoimmune disease child neurologist. And Dr. Chris Hayes, peds gastroenterologist did an initial intake with Bodhi last June 2018. Once again, Bodhi needs appointments with BOTH Dr. Borkowski and Dr. Hayes IMMEDIATELY.

In immune compromised children, yeast infections generally affect the brain and behavior, FYI.

4. Per our IEP meeting on Friday, 4/26, I am following-up regarding being allowed to be included in the emails among Bodhi's current teachers, and Mrs. Jennifer Elliott, foster care provider. Mr. Vermont, I know you said you needed to consult with Mrs. Mahoney, your supervisor on this. As a former professor at the University of Virginia and the University of Otago in Dunedin, New Zealand, Bodhi's education is very important to me. It has been traumatizing to be sidelined from those valuable communications, and this has been a true injustice. I respectfully ask that I immediately be included in those communications.

I hope that even before our FPM meeting on 5/8/19, that we can increase/modify the in-home visitations. Jody shared with me the few concerns of ATI, but mainly the strengths of our 8 in-home visits. It should be noted that: 1) the ATI concern of my not having activities planned with Bodhi the first couple of in-home visits was intentional. I wanted Bodhi to feel empowered and comfortable to return home and be HEARD as to HIS wishes and desires. Watching tv is a luxury that normally happens in our home after homework, dinner, bath and reading. I think I have established as a former professor with

two post-graduate degrees that education is paramount OVER tv and electronics. In fact electronics are an earned luxury delegated for weekend activity and limited in scope. Not like the 2-4 hours a day during the school week and unlimited on the weekend, that Bodhi is allowed to play electronics in the Elliott foster care home. ATI considered that a concern that I let Bodhi watch tv for more than 30 minutes during his first 2 visits. And while that is their prerogative and perception, I think it merits the strength of my character and pliability to Bodhi's needs in affording in his first few visits to let him be empowered with his wishes being respected. I have since implemented activities such as going out for ice cream, a cheap bite to eat and cooking together as activities immediately after-school. Unfortunately, the games I have at home, Bodhi is sick of playing and I can ill afford to purchase new ones. But the two fore mentioned activities are stymied by our current dire financial penury. 2) As you can discern from the above financial/budget table, even with the additional funds from Chesterfield DSS, we are about to go off the cliff with foreclosure.

Also Bodhi's triggers over seemingly innocuous matters: being held accountable to rules of a card game, washing his hands more than 3 seconds, being asked to pick up behind himself, etc., are part in parcel of dysregulative symptoms related to Bodhi's dx of Autism, PANDAS/autoimmune disease, ODD, ADHD, DMDD, as well as occurring concomitantly during the time he was being MEDICALLY treated for mycoplasma pneumonia. The same issues we have been working on for years via therapy, AND that I have been seeking MEDICAL help via peds immunologists, psychiatrist, gastroenterologist, neurologist and geneticist to address.

It is worth noting that this is a rotten farce of foster care with a charge of abuse and neglect when I have done NOTHING BUT SEEK HELP FOR MY SON as supported by MEDICAL EVIDENCE. AND because these VDSS policies were not adhered to at the onset of our dystopian nightmare by DSS or by the court: **"3.7.5.1 Non-Custodial Foster Care Placements: Prior to entering a non-custodial foster care agreement, services to prevent the need for foster care placement shall be offered and shall be documented in the service plan.** In emergency situations where services cannot be offered, the reasons shall be recorded on the service plan. a) Leaving custody with the parent(s) or guardians is in the best interests of the child and will not place the child at risk. The child will be able to return home within a reasonable timeframe (generally within a period of 12 months or less), " and b) **"3.7.5.1.2 Court approval of plan for placement through a non-custodial foster care agreement: The court order shall include statements that: Reasonable efforts have been made to prevent the placement."**

RIGHTFULLY and JUSTLY increasing visitations, overnights and DSS asking the court to restore full custody back to me, his LOVING and DEVOTED mother will mean that:

1. We will have enough funds to sustain us;
2. We will have wrap around in-home services to help us through the trauma of the past year;
3. We will begin HEALING from the imposed trauma;
4. We will have financial wrap around services of me not having to pay for health insurance and hopefully helping me with new eyeglasses and much needed hearing aids;

5. We will be afforded SNAP/Foodstamp funds of approximately \$367;
6. TANF funds of \$274; and
7. Allow Bodhi and I to re-attach and get back to normalcy with the hope that I may be able to establish my own part-time business.

Again, we should NOT be in this nightmare with DSS. AND, per VDSS policy, **"3.7.5 Services to children through agency agreements with parents who retain custody. The child will be able to return home within a reasonable timeframe (generally within a period of 12 months or less)."** Chesterfield DSS increasing in-home visitations, with immediacy establishing overnights, and setting an immediate return home date, establishing in-home services with a new in-home hopefully licensed therapist from another agency than Hopetree or Family Focus, should be brought to the forefront of our 5/8/19 FPM meeting and for the court hearing on 5/15/19. We should reinforce a crisis intervention plan with a substitution for Hopetree, given the negative experiences with them.

Lastly, with the former Chesterfield DSS foster care worker Tamera Peterson, Hopetree and Family Focus, there has been a continuous negative confirmation bias against me. That is, I have been accused of abusing and neglecting Bodhi, even though there has been NO EVIDENCE to substantiate such. ABSOLUTELY NONE. And on the contrary, I have done EVERYTHING in my power to help Bodhi, medically, psychologically, therapy and educational wise. As I stated at the IEP meeting on 4/26/19, I am the elephant in this poem/parable:

It was six men of Indostan
To learning much inclined,
Who went to see the Elephant
(Though all of them were blind),
That each by observation
Might satisfy his mind

Each in his own opinion concludes that the elephant is like a wall, snake, spear, tree, fan or rope, depending upon where they had touched. Their heated debate comes short of physical violence, but the conflict is never resolved.

Moral:

So oft in theologic wars,
The disputants, I ween,
Rail on in utter ignorance
Of what each other mean,
And prate about an Elephant
Not one of them has seen!

FURTHER, FOR THE RECORD, as his teachers noted Bodhi's behavior and engagement declined in late February to the beginning of April. This should be understood as causational from the following: 1) Family Focus and Hopetree began artificial SURVEILLANCE of us during our visits during February, AND 2) because there was a PAUSE in our visits for TWO MONTHS (February - beginning of April 2019) because of the blind people assessing me, the elephant, with their utter ignorance. A preeminent example of such was the metamorphosis

of the lie about "the situation" that occurred during a visit on 12/13/18. "The situation" was first introduced on 12/19/18 DSS FPM meeting by Family Focus, as me blocking Bodhi from grabbing my phone, to 1/15/19 DSS FPM meeting that I "hit" Bodhi when he was grabbing my phone, to the 2/13/19 DSS FPM meeting where it was stated I "pinned" Bodhi's hands to the table. As I will state again, I have audio evidence that refutes this abhorrent and vile accusation. Chesterfield DSS will hopefully stray away from inviting therapy agents who have made wholly inaccurate statements as witnesses before the court. It will not serve them well, nor will it serve Chesterfield DSS well when I have evidence to produce that absolute refutes their wholly inaccurate statements.

LASTLY, Bodhi divulged to me, the ONE person he COMPLETELY trusts and loves, that he has thought erroneously for almost a year that the reason why he was in foster care was because he "acted up at UVA hospital", and he thought he was put in juvenile detention for like the 8th time. My heart BROKE over hearing this. He has NEVER been in Juvenile Detention. But instead the ER medical community, woefully ignorant on autoimmune diseases, has chosen the path of least resistance and placed him in locked down NON-medical psych facilities. It was at UVA that I pushed back on the ER doctor's immediate insistence that Bodhi be locked up in a non-medical psych facility. Instead I was asking for a peds immunologist to come to the ER, prior to agreeing to let him get into a psych facility as they were adamant he must go to. Because the whole bloody reason we were at UVA on 6/8/18 was for a peds infectious disease/immunological clinical consult that resulted in an ER admission! That is NOT abuse NOR neglect. That is intellectual fortitude and love in action to do EVERYTHING to help my son. Also, the tremendous amount of change in Bodhi's life over the past year will surely manifest itself in some not so negative ways as he transitions home and re-attaches to the mother who loves him more than anything. Let you DSS agents, on Bodhi's behalf, recognize that the time is NOW for return home. There is no greater love, than mine for Bodhi. A year of wrongful separation should come to an end. And those with the power entrusted to them, should exercise that power with grace, kindness and the understanding that this family deserves reunification NOW.

With probity, I remain,

Sagé Blaska

You should know by now, love never goes down without a fight, and justice never lets the oppressor define the terms of success or failure. Justice is a beautiful and creative dance, and the clumsy steps of those who do not know how to sway to its rhythm will soon painfully reveal where each of us truly stand.

Blaska Treatise: Opus 1, Variation 2

1 message

Sage Blaska <sageblaska1@gmail.com>

To: "Vermont, Robert" <VermontR@chesterfield.gov>, "Kozak, Mike" <kozakm@chesterfield.gov>, Chris Hurst <DelCHurst@house.virginia.gov>, DelEFiller-Corn@house.virginia.gov, Roxann L Cc: Margaret Englisby <Menglisby@verizon.net>, "Peterson, Tamara" <PetersonT@chesterfield.gov>, "Mark H. Reed" <mrmrkreed@gmail.com>, "Rogers, Kiva" <RogersK@chesterfield.gov>, senate district11 <district11@senate.virginia.gov>, sadie.wilson@dss.virginia.gov, em.parente@dss.virginia.gov, "Powell, Sarah" <sarah.powell@dss.virginia.gov>, jbeckjordan@gmail.com, sfr: MHERRING@oag.state.va.us, osig@osig.virginia.gov, ralph.northam@governor.virginia.gov, "Briggs, Danika" <BriggsD@chesterfield.gov>, Janae House <jhouse207@aol.com>, Don Santarel

Dear Mr. Vermont and Mrs. Mahoney et al,

Per my parent educator, Ms. Jody Berg, I learned the Chesterfield DSS has stalled reunification over the past year because they feel that I won't admit to what towards reunification. I was quite shocked by this as it had NEVER been addressed with me before and it has NEVER been written in the Foster Care Servi some facts, and introduce some others for further clarity in this narrative.

As you know, we went to UVA for a CLINICAL appointment on 6/8/18. Bodhi had been to St. Mary's ER on Thursday, 6/7 because the school had called through how the body doesn't operate in a silo and how the gut/brain connection is the newest frontier in medicine. He was able to get Bodhi an 8am gastro to UVA) with Dr. Ina Stephens, Infectious Disease doc for Friday, 6/8. We left the house WITHOUT me taking my NEEDED medications for the day. I re:

While at UVA ER, I sat in the quiet room most of the time Bodhi was knocked out on Haldol. I did so because the ER room he was in was far from the batl from the quiet room was the bathroom, so I had easy access for the emergency IBS and vomiting issues. I never shared this with the ER staff who likely thou the quiet room because the ENDLESS barrage of attendings, med students, residents and fellows from multi-medical disciplines came at me the entire time I an H/P (history and physical) standard. The history usually took 1-2 hours based on the questions they asked. This happened with EACH shift and each sub I was an uncaring mother because I sat in the quiet room away from Bodhi while he was knocked out. Also, the barrage of doctors being in the room with B. thought it may have been upsetting for him in his delicate mental state. An uncaring mother would not give that any thought.

I did spend much time with Bodhi while he was awake. I went to the cafeteria and spent \$60 on food for him when he woke from the Haldol. I can produce professed he was hungry? Perish the thought! Why didn't I just leave then, I ask you? Why not just go when they knocked him out on Haldol?? I mean the n:

Why would I refuse to let them throw him in a lockdown psych facility on Friday, June 8th when they wanted to? Because, I was a mother on a mission to ge tryptase test and a flow cytometry test to look at other possible immunological issues and co-infections. Dr. Ina Stephens, peds infectious disease doctor with over to the ER with me, stayed and took a history, recommended the CANS differential tests (see attached) to the ER docs (which they never did by the way) issues and possibilities.

The ER attendings on Saturday, DID finally hear me and called in Dr. Emily McGowan, a peds immunologist. She agreed to come in on her day OFF, Satur Social Worker, that she could start looking for an "appropriate bed and psych facility" because I knew it could take DAYS. I also told Dornin and Jessica Mu would need to leave and drive back to Richmond to take my meds or I was concerned Bodhi would not have a mother to continue to look after him. They in

It should be noted I had to ask for a patient advocate because UVA ER doctors would not tell responding to questions that I asked FOUR times (see IMG_ answers to those questions, told them I was very familiar with the Joint Commission and their authority over hospitals and if I did not get a patient advocate assured that agitated them and made them think of me as difficult. I've heard that one before. Of course I am difficult in matters of advocacy for my baby. I I difficult with pride because otherwise I would be a "neglectful" mother!

Dr. McGowan came in around 2pm. She sat with me for 2 hours and even Dr. Stephens came in on her day off. Dr. McGowan agreed with my research that Dr. McGowan on 6/15/19 that UVA ER doctors NEVER ordered the labwork for those tests NOR the CANS differential labwork that Dr. Stephens order WOULDNT get any MEDICAL tests or treatment. How's that for effective care!

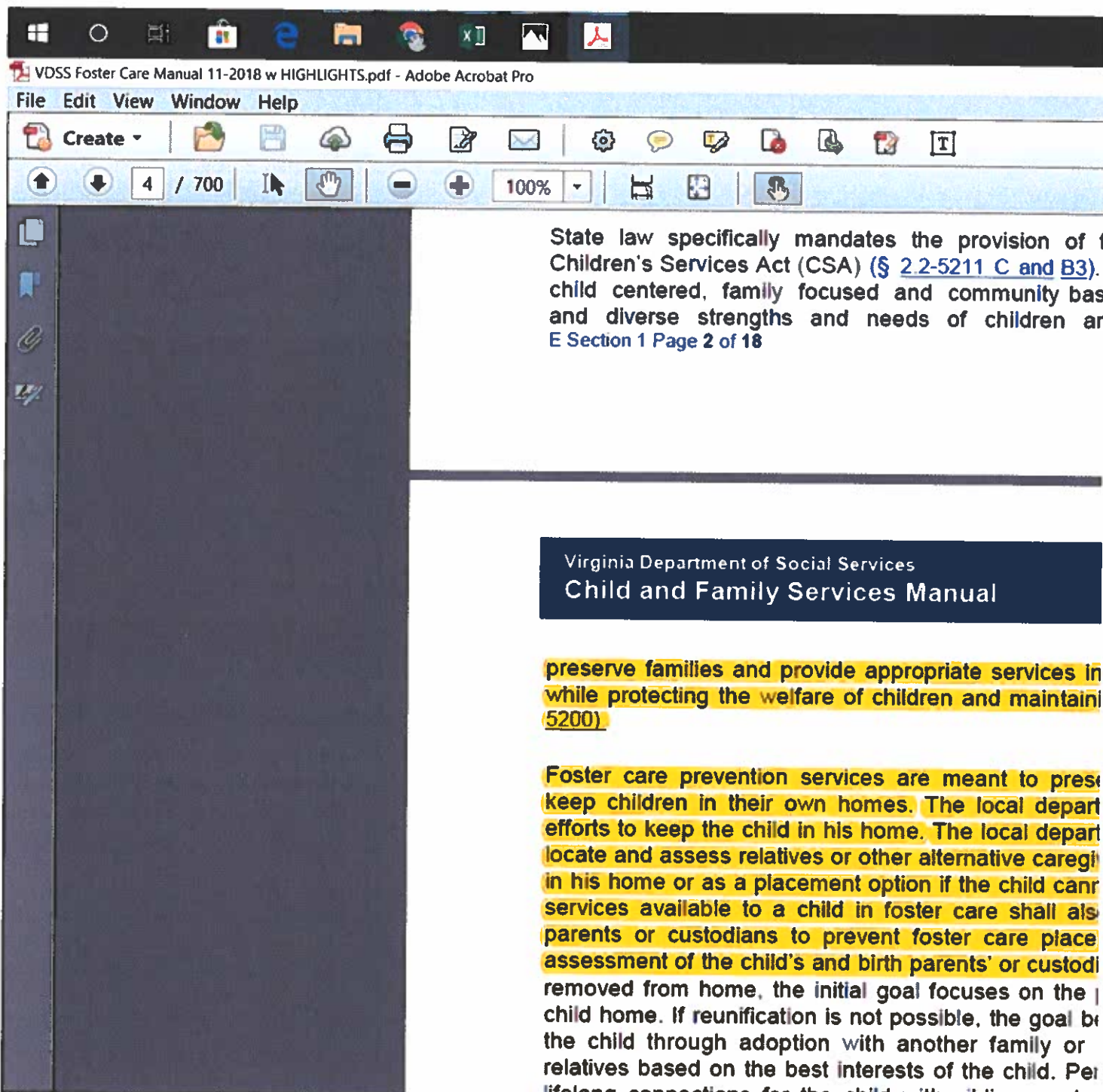
As it got closer to 7pm, I reminded Nurse Munnikhuysen and Social Worker Dornin for like the 3rd or 4th time that I needed to back to Richmond and take would not have cared anyway. But they were blind and analyzed me in a way that was myopic. Ask yourself, why would I have taken extensive notes, talked to Munnikhuysen told me at 6:55pm on Saturday, 6/9/18 that she understood why I needed to leave and that that she saw it as a "win/win situation": Bodhi we take care of myself. She indicated they would need to call Chesterfield CPS because I was leaving. AT NO POINT DID SHE MAKE ME AWARE THAT I obviously a breakdown in communication because I was under the impression that upon my leaving via the TDO, he would go to Staunton State facility. I w had thought or known that my leaving would result in foster care, I would have asked Nurse Munnikhuysen and Dornin, what I could do differently?

Half way home, I got a call from Ms. Casey Fillion, Chesterfield CPS on-call worker. She stated that she called me a few times and I did not answer. I say SU ONE call that came through on my drive from Charlottesville to Richmond, ONE! And it could have very likely been the case that en route between cities a

Ms. Fillion wrote in her affidavit to the court that when she reached me, during the course of our conversation, my voice "visibly" changed. Not sure how th to her. I distinctly remember my voice lowering because of the vomiting and having to swallow it and feeling like I was going to vomit again. Apparently she the car without IBS accidents and throwing up on the sidewalk from my car. I rushed into the house and was in the lavatory for hours with my bodily sickne: was in the bathroom for about 90 minutes. When my body appeared to reach a state of equilibrium from the sickness, I laid down in the hopes I would not h

Ms. Fillion called me ONE time around 10pm and when she did not reach me, left me a voice message stating that because I did not answer my phone Ches they would TDO Bodhi and put him in a psych facility. I had NO idea WHY they would take custody! And quite frankly, I still don't. Why didn't Nurse Mun couldn't do a TDO and I needed to return to the ER after I took my meds and was in a physically safe health space to drive back, I WOULD HAVE!

What adds insult to injury is that the below VDSS policies were not adhered to:

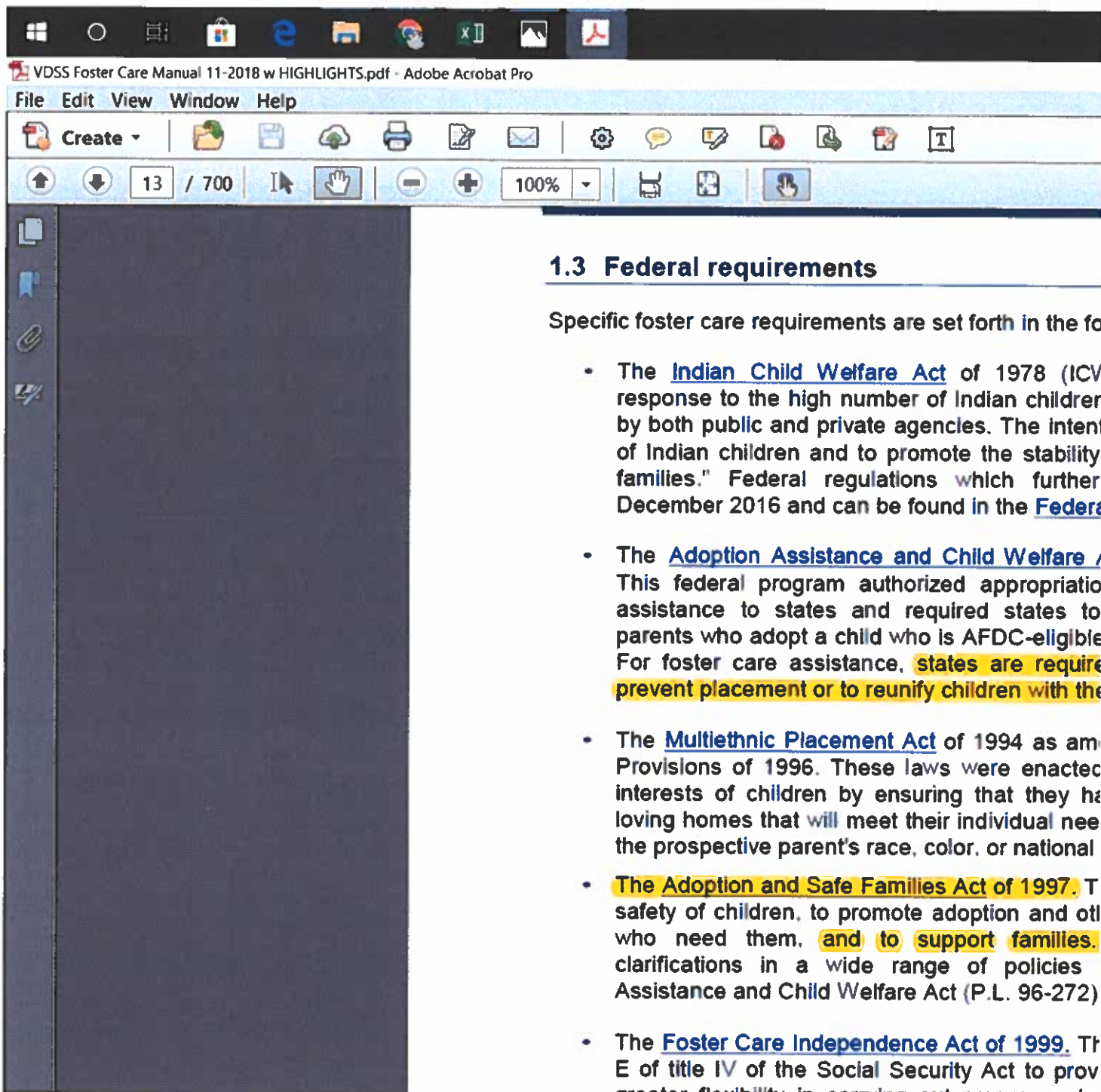


State law specifically mandates the provision of 1 Children's Services Act (CSA) (§ 2.2-5211 C and B3). child centered, family focused and community bas and diverse strengths and needs of children ar E Section 1 Page 2 of 18

Virginia Department of Social Services Child and Family Services Manual

preserve families and provide appropriate services in while protecting the welfare of children and maintain (5200).

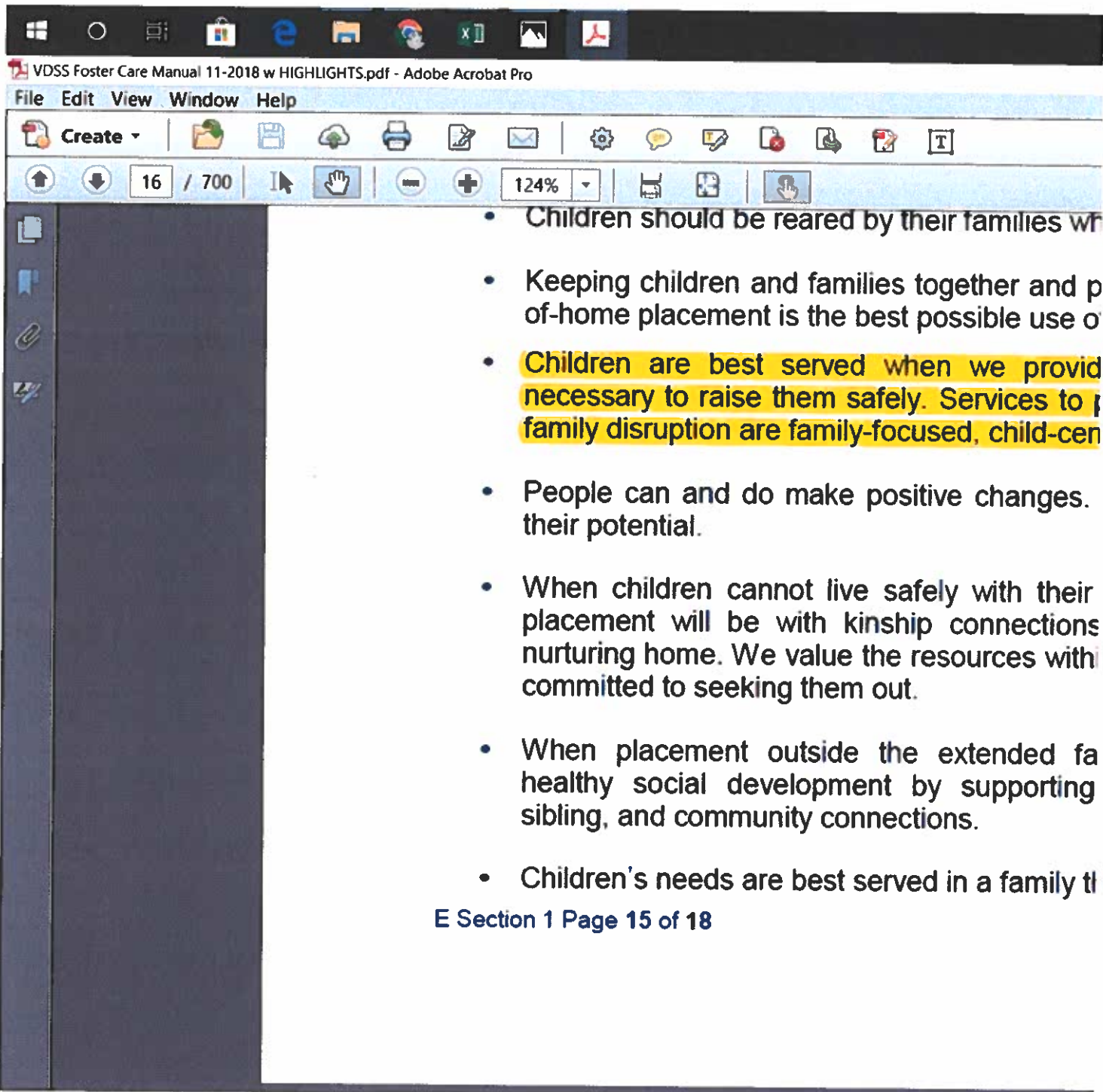
Foster care prevention services are meant to preserve keep children in their own homes. The local department efforts to keep the child in his home. The local department locate and assess relatives or other alternative caregivers in his home or as a placement option if the child cannot services available to a child in foster care shall also parents or custodians to prevent foster care placement assessment of the child's and birth parents' or custodian removed from home, the initial goal focuses on the child home. If reunification is not possible, the goal be the child through adoption with another family or relatives based on the best interests of the child. Per lifelong connections for the child with siblings, extended



1.3 Federal requirements

Specific foster care requirements are set forth in the following federal acts:

- The Indian Child Welfare Act of 1978 (ICWA) was enacted in response to the high number of Indian children removed from their families by both public and private agencies. The intent of the act was to protect the best interests of Indian children and to promote the stability of Indian families. Federal regulations which further this purpose were issued in December 2016 and can be found in the Federal Register.
- The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This federal program authorized appropriation of federal funds to states and required states to provide financial assistance to parents who adopt a child who is AFDC-eligible. For foster care assistance, states are required to prevent placement or to reunify children with their biological families.
- The Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996. These laws were enacted to protect the best interests of children by ensuring that they have loving homes that will meet their individual needs, including the prospective parent's race, color, or national origin.
- The Adoption and Safe Families Act of 1997. This act was enacted to protect the safety of children, to promote adoption and other permanent placements for children who need them, and to support families. It includes clarifications in a wide range of policies and procedures related to the Adoption Assistance and Child Welfare Act (P.L. 96-272).
- The Foster Care Independence Act of 1999. This act amended title IV of the Social Security Act to provide for greater flexibility in carrying out programs designed to help foster care children achieve independence.



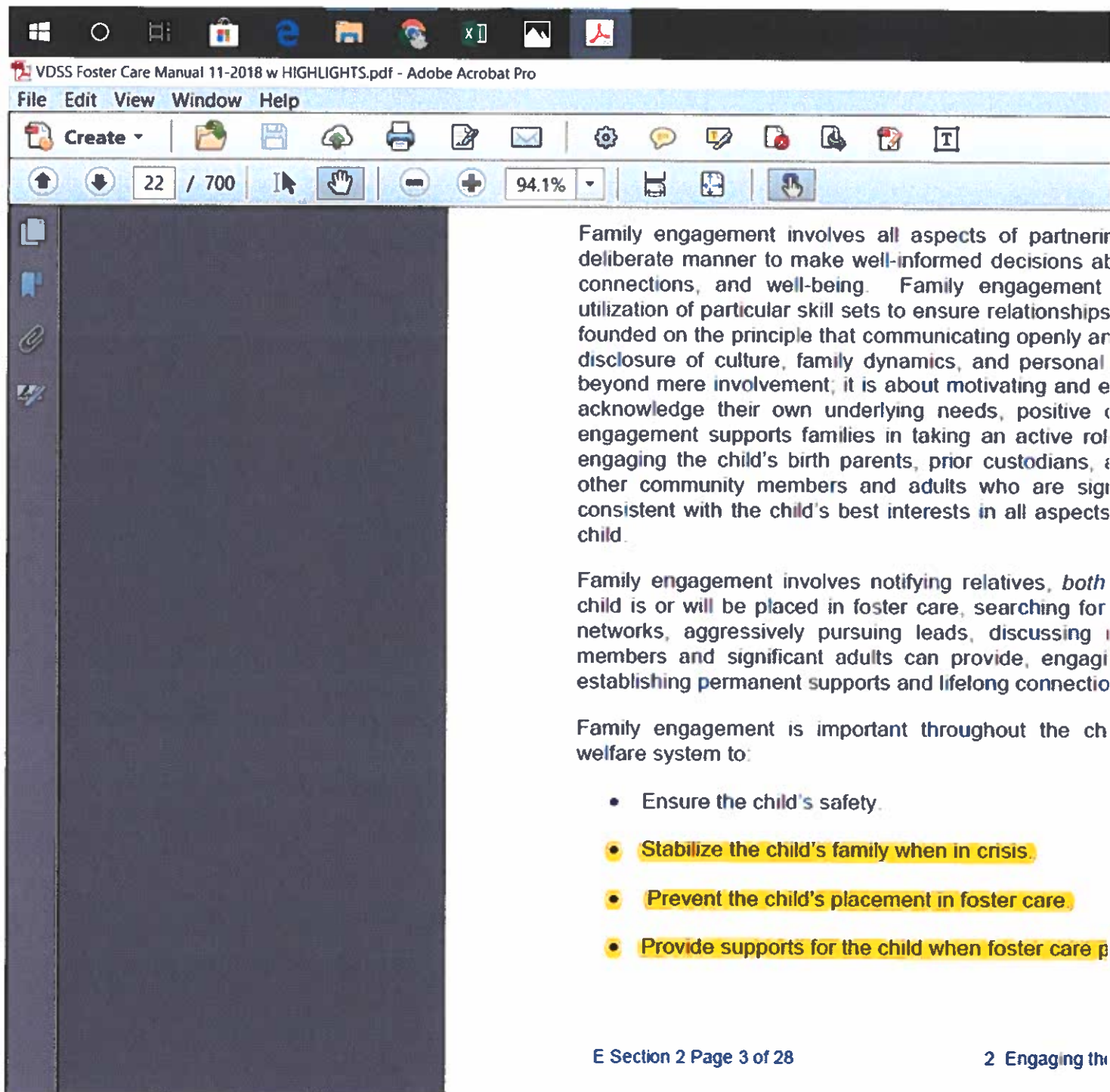
- Placements in non-family settings should be on individual children's needs, and should prep community life.

We believe that all children and youth need and des

- Lifelong family connections are crucial for responsibility to promote and preserve kinship connections for each child. We value past, present, and future connections for each child. We consider the child's hopes and wishes.
- Permanency is best achieved through a legal custody, adoption, kinship care, or guardian permanency.
- Planning for children is focused on the goal of their family, or achieving permanency with another family.
- Permanency planning for children begins at the time of entry into the child welfare services system. We proceed with a sense of urgency to achieve permanency. We support families after permanency is achieved.

We believe in partnering with others to support a system that is family-focused, child-centered, and c

- We are committed to aligning our system with families and communities.
 - Our organizations, consistent with this plan, provide supports to families in raising children. We guide all of the work that we do. In infrastructure and resources must be aligned with training, policy, technical assistance, and a model.



VDSS Foster Care Manual 11-2018 w HIGHLIGHTS.pdf - Adobe Acrobat Pro

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Family engagement involves all aspects of partnerir deliberate manner to make well-informed decisions at connections, and well-being. Family engagement utilization of particular skill sets to ensure relationships founded on the principle that communicating openly an disclosure of culture, family dynamics, and personal beyond mere involvement; it is about motivating and e acknowledge their own underlying needs, positive engagement supports families in taking an active rol engaging the child's birth parents, prior custodians, other community members and adults who are sign consistent with the child's best interests in all aspects child.

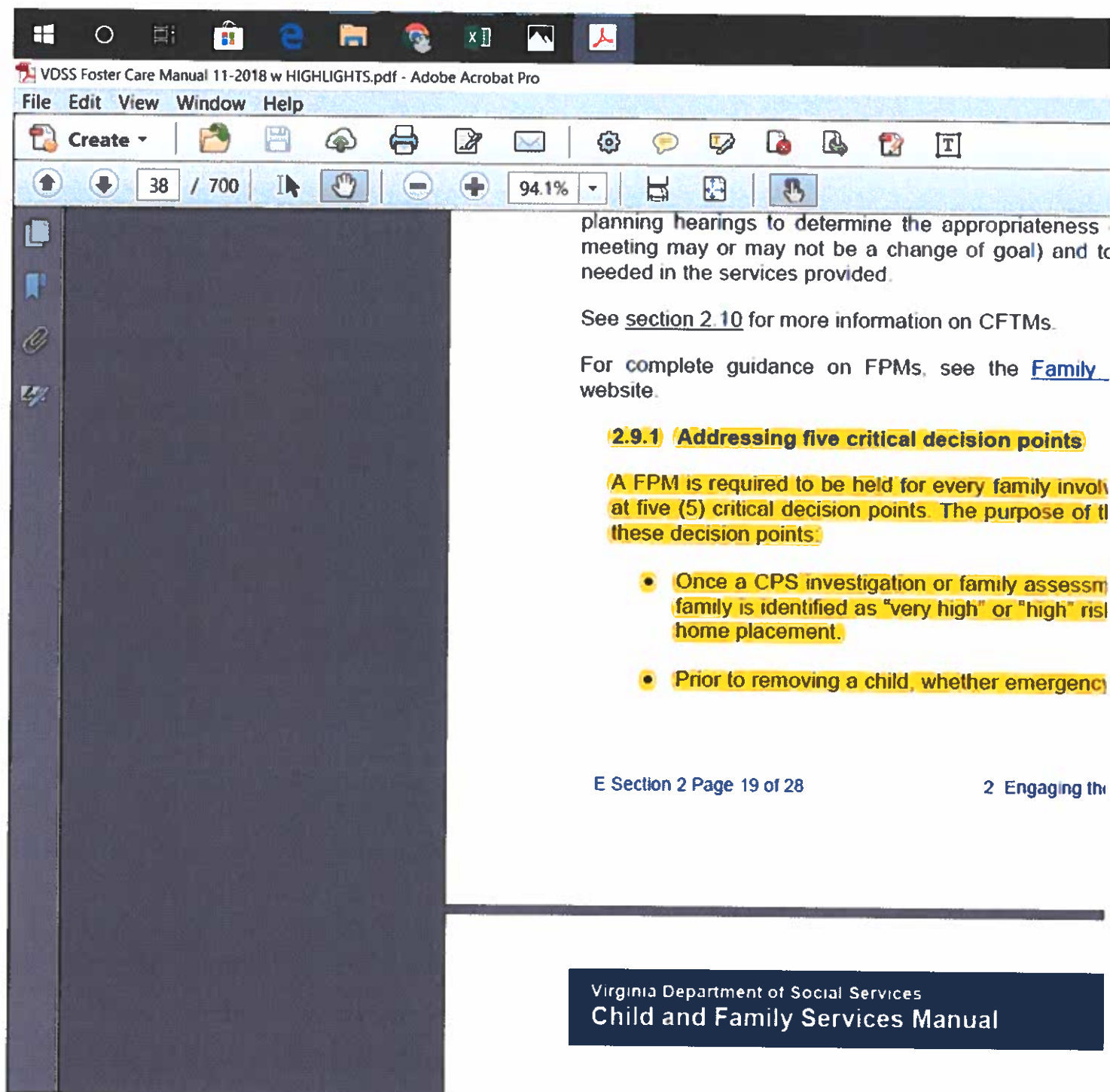
Family engagement involves notifying relatives, both child is or will be placed in foster care, searching for networks, aggressively pursuing leads, discussing members and significant adults can provide, engagi establishing permanent supports and lifelong connectio

Family engagement is important throughout the ch welfare system to:

- Ensure the child's safety.
- Stabilize the child's family when in crisis.
- Prevent the child's placement in foster care.
- Provide supports for the child when foster care p

E Section 2 Page 3 of 28

2 Engaging the



planning hearings to determine the appropriateness of a meeting may or may not be a change of goal) and to determine what is needed in the services provided.

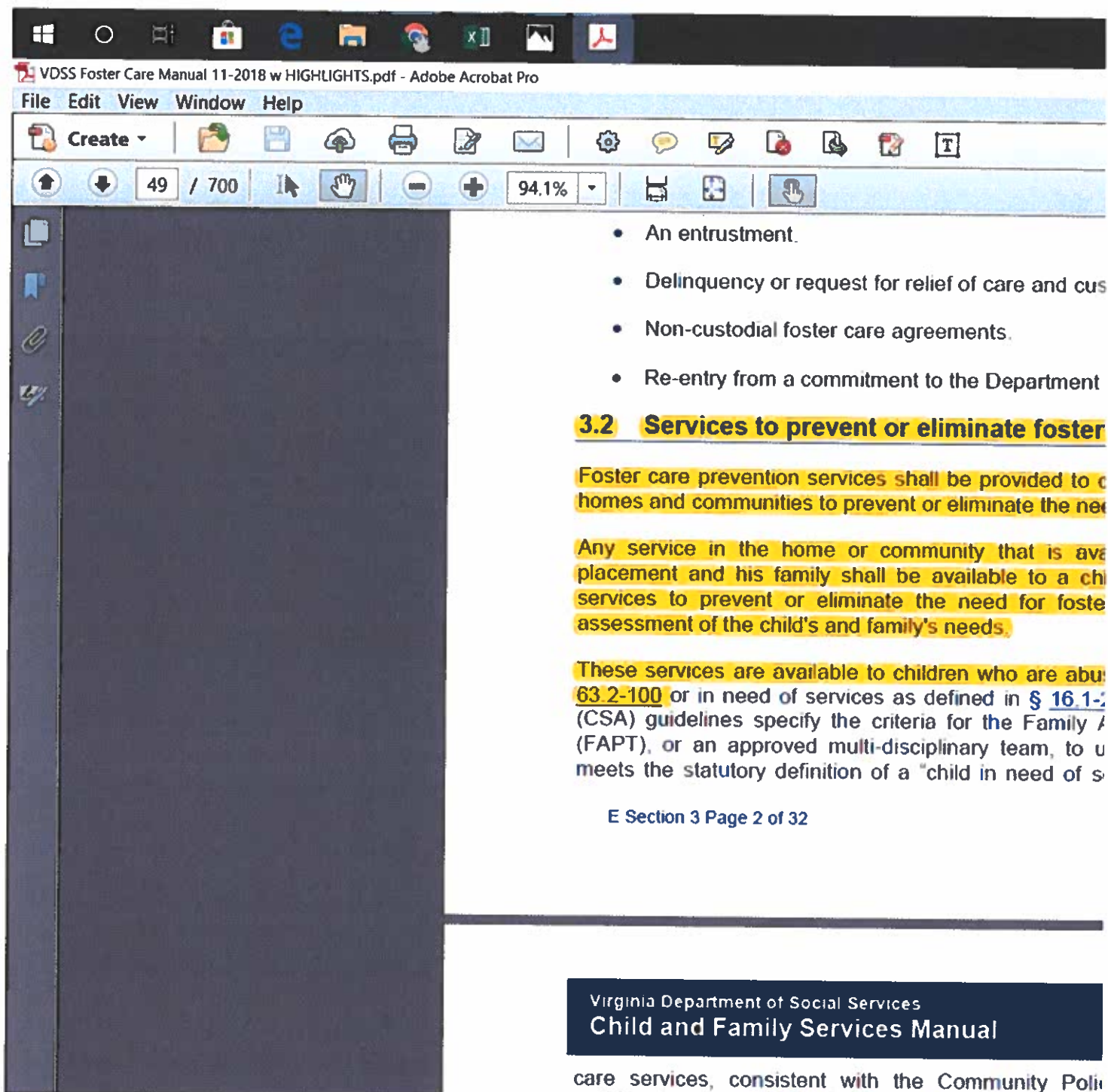
See [section 2.10](#) for more information on CFTMs.

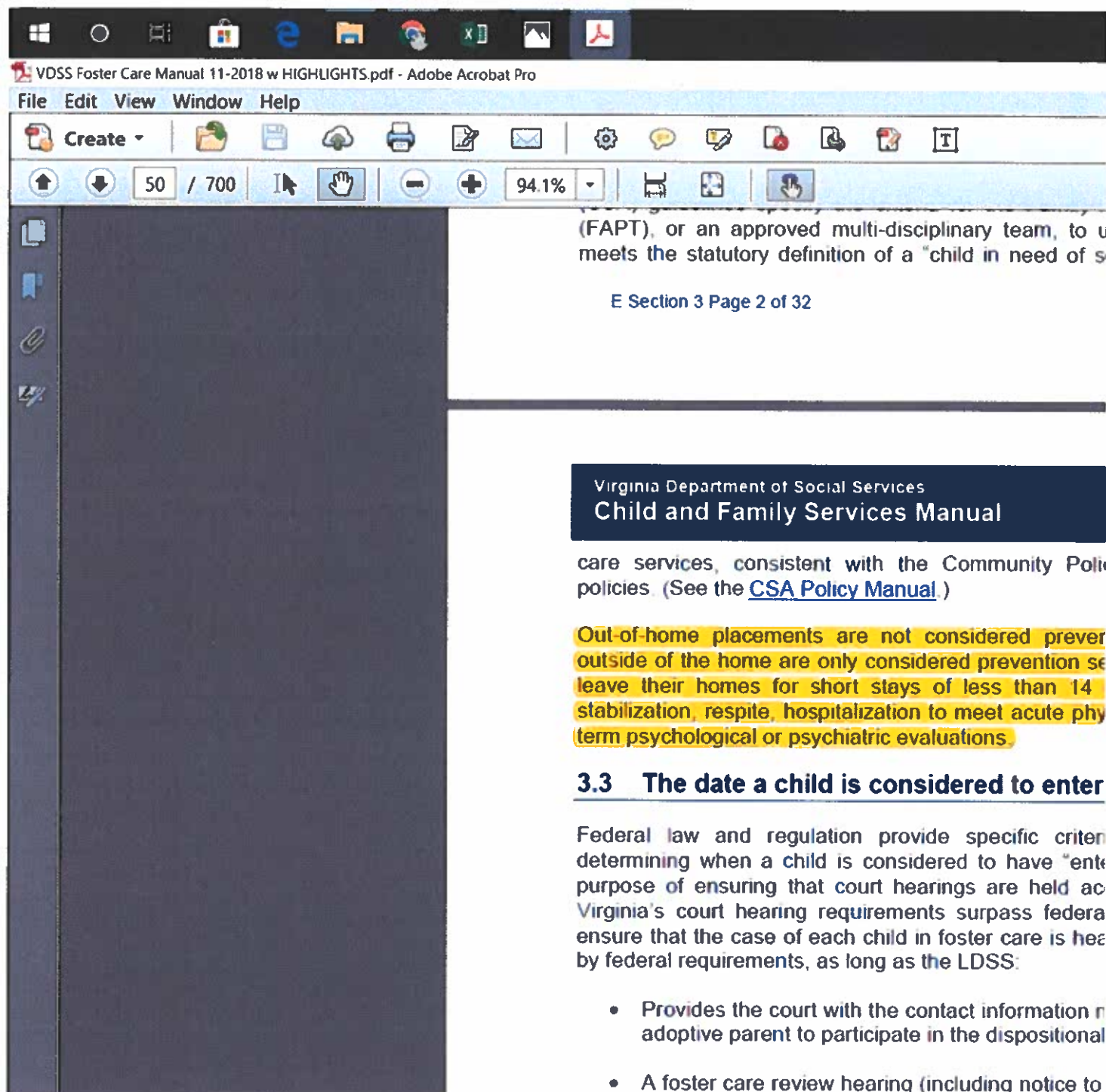
For complete guidance on FPMs, see the [Family website](#).

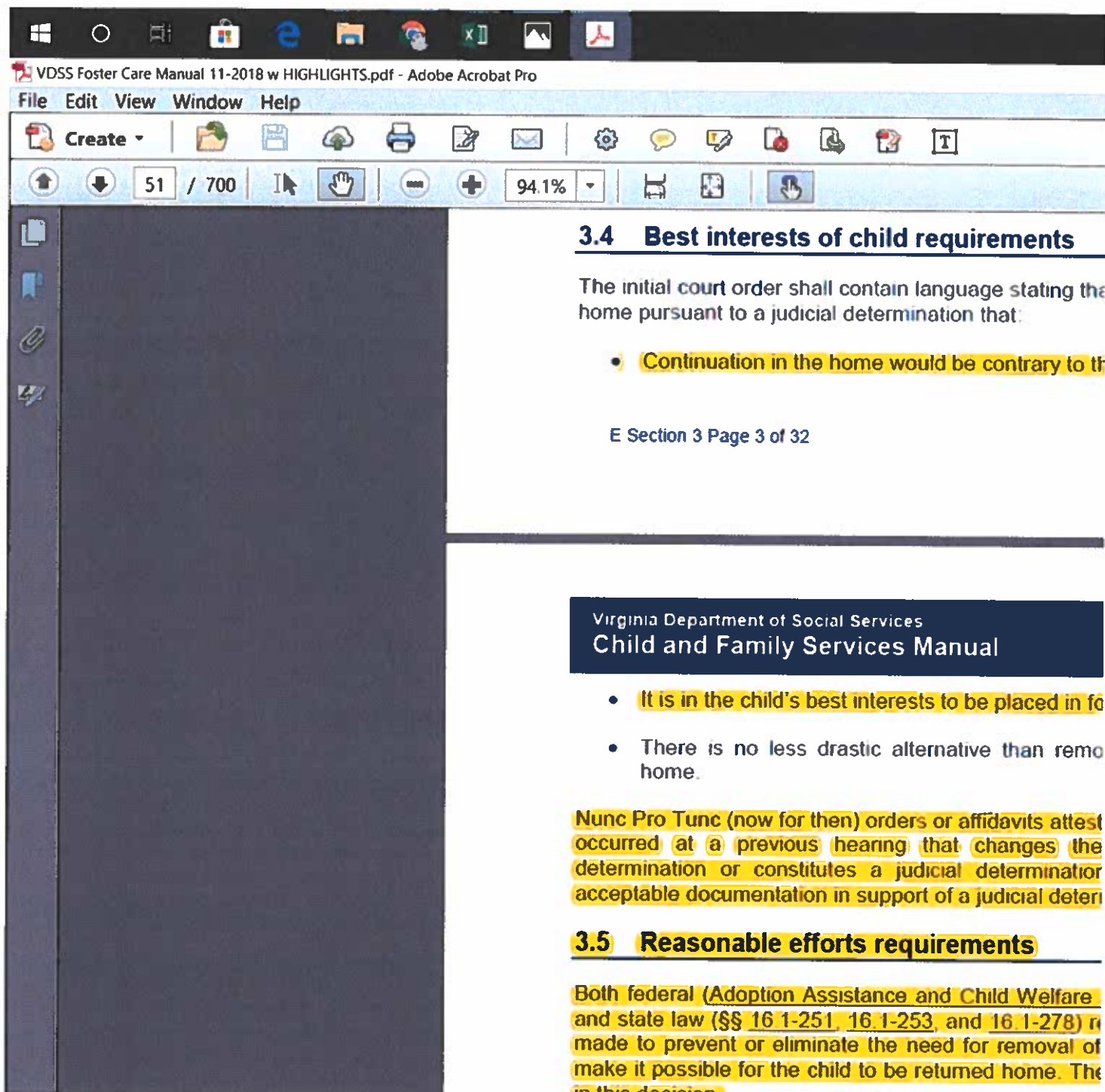
2.9.1 Addressing five critical decision points

A FPM is required to be held for every family involved at five (5) critical decision points. The purpose of these decision points:

- Once a CPS investigation or family assessment identifies a family as "very high" or "high" risk for home placement.
- Prior to removing a child, whether emergency or planned.







3.4 Best interests of child requirements

The initial court order shall contain language stating the home pursuant to a judicial determination that:

- Continuation in the home would be contrary to the best interests of the child.

E Section 3 Page 3 of 32

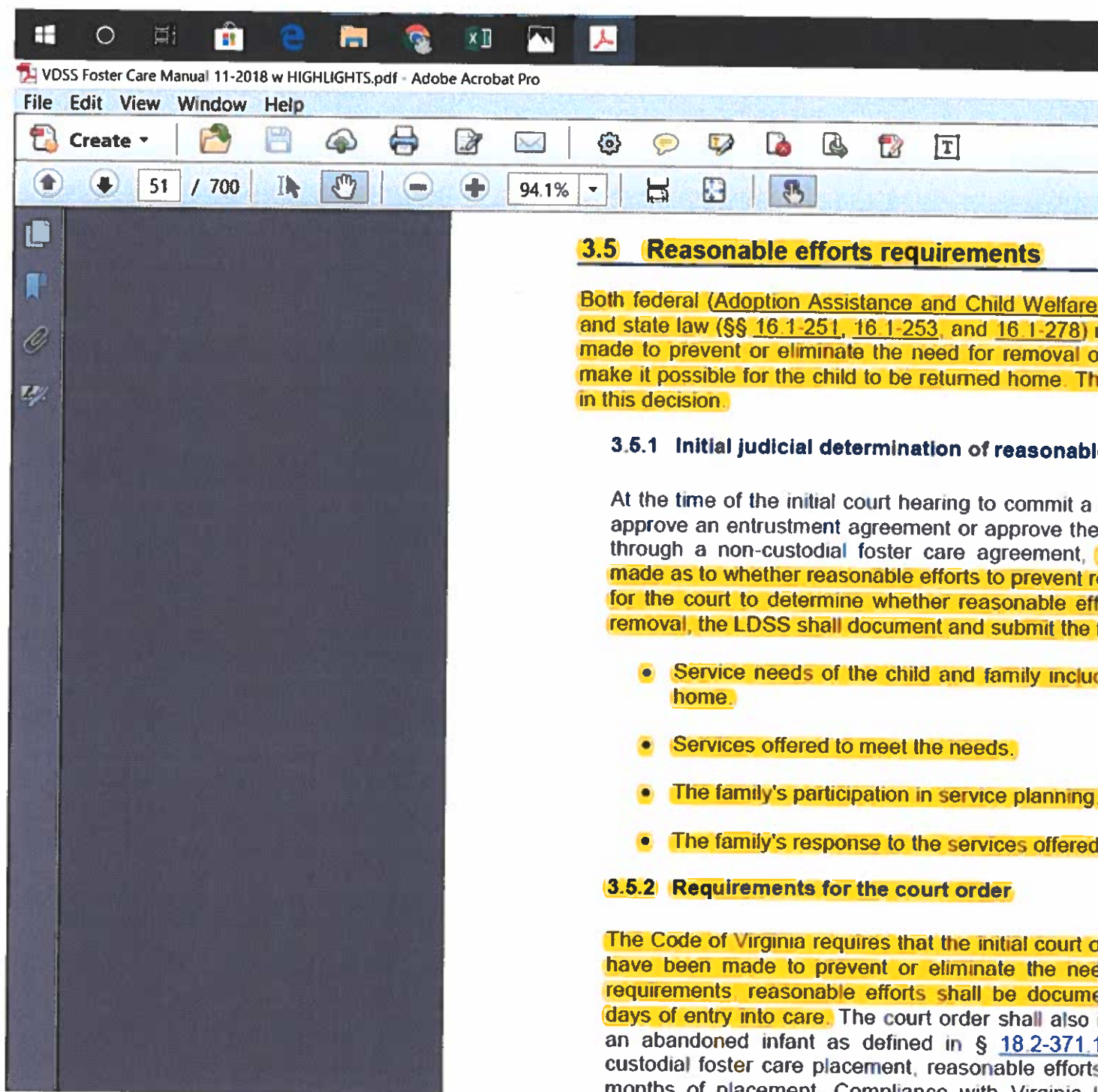
Virginia Department of Social Services Child and Family Services Manual

- It is in the child's best interests to be placed in foster care.
- There is no less drastic alternative than removal from the home.

Nunc Pro Tunc (now for then) orders or affidavits attest that a judicial determination occurred at a previous hearing that changes the determination or constitutes a judicial determination acceptable documentation in support of a judicial determination.

3.5 Reasonable efforts requirements

Both federal (Adoption Assistance and Child Welfare Act) and state law (§§ 16.1-251, 16.1-253, and 16.1-278) require the Department to make it possible for the child to be returned home. The Department shall make every effort to make it possible for the child to be returned home in this decision.



3.5 Reasonable efforts requirements

Both federal (Adoption Assistance and Child Welfare Act) and state law (§§ 16.1-251, 16.1-253, and 16.1-278) require the LDSS to make reasonable efforts to prevent or eliminate the need for removal of a child from the home or make it possible for the child to be returned home. The LDSS shall document its efforts in this decision.

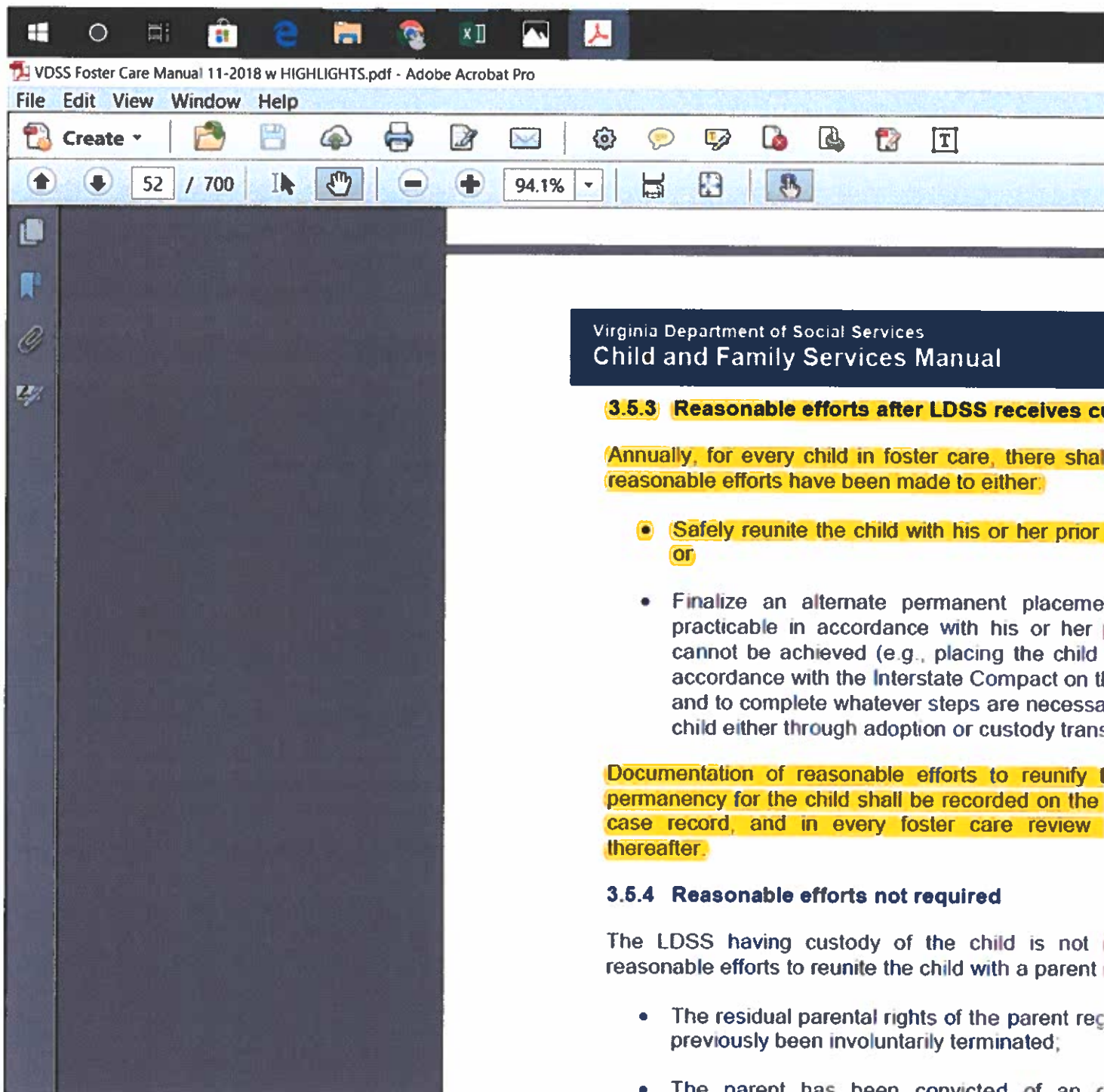
3.5.1 Initial judicial determination of reasonable efforts

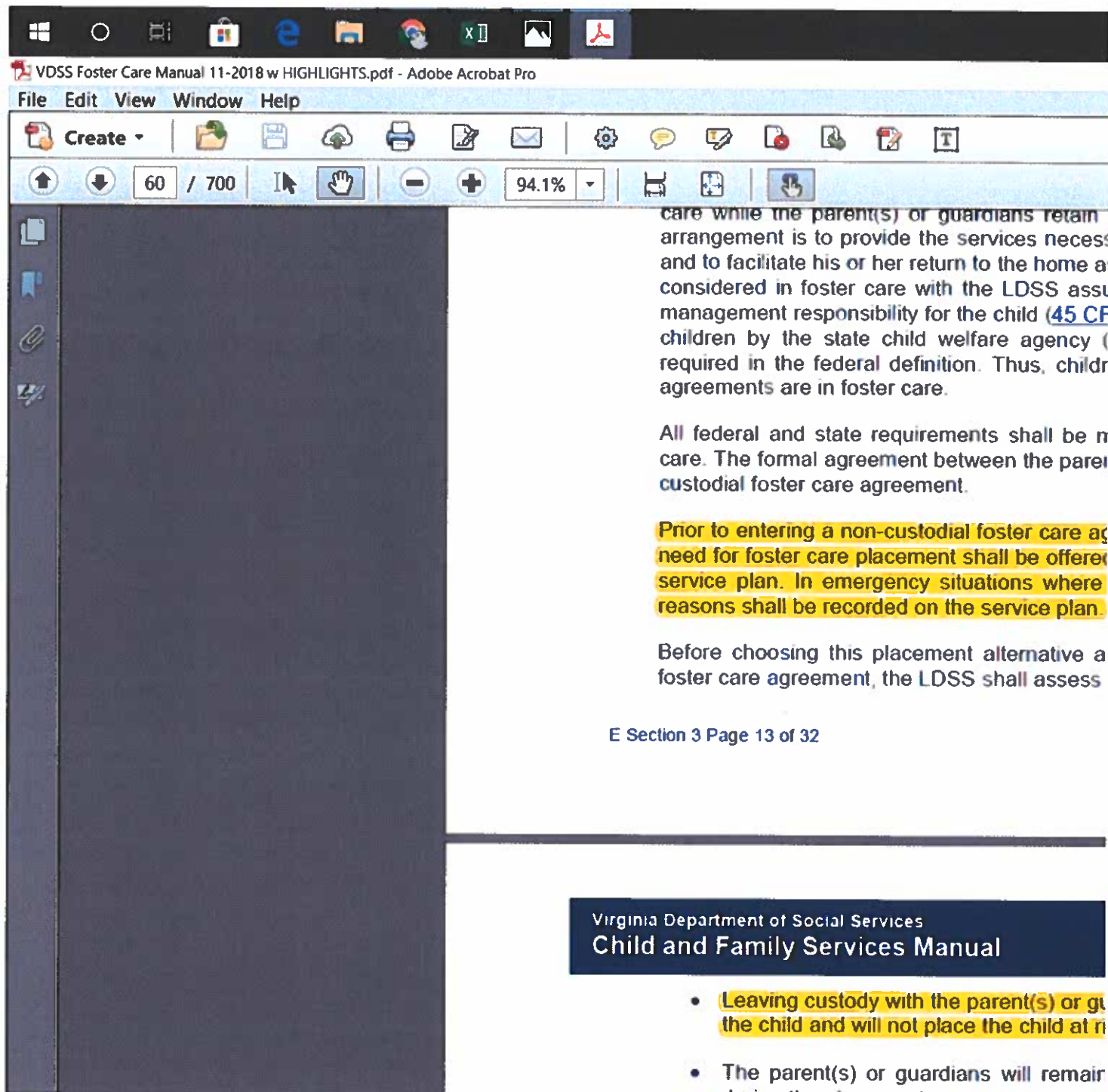
At the time of the initial court hearing to commit a child to foster care, the court shall approve an entrustment agreement or approve the placement through a non-custodial foster care agreement, and the court shall make a determination as to whether reasonable efforts to prevent removal have been made. For the court to determine whether reasonable efforts have been made to prevent removal, the LDSS shall document and submit the following information:

- Service needs of the child and family including the child's home.
- Services offered to meet the needs.
- The family's participation in service planning.
- The family's response to the services offered.

3.5.2 Requirements for the court order

The Code of Virginia requires that the initial court order for the placement of a child in foster care have been made to prevent or eliminate the need for removal. Reasonable efforts shall be documented for the first 90 days of entry into care. The court order shall also require that for a non-custodial foster care placement, reasonable efforts be made to prevent removal for the first 90 days of placement. Compliance with Virginia Code § 18.2-371.1 shall be required.

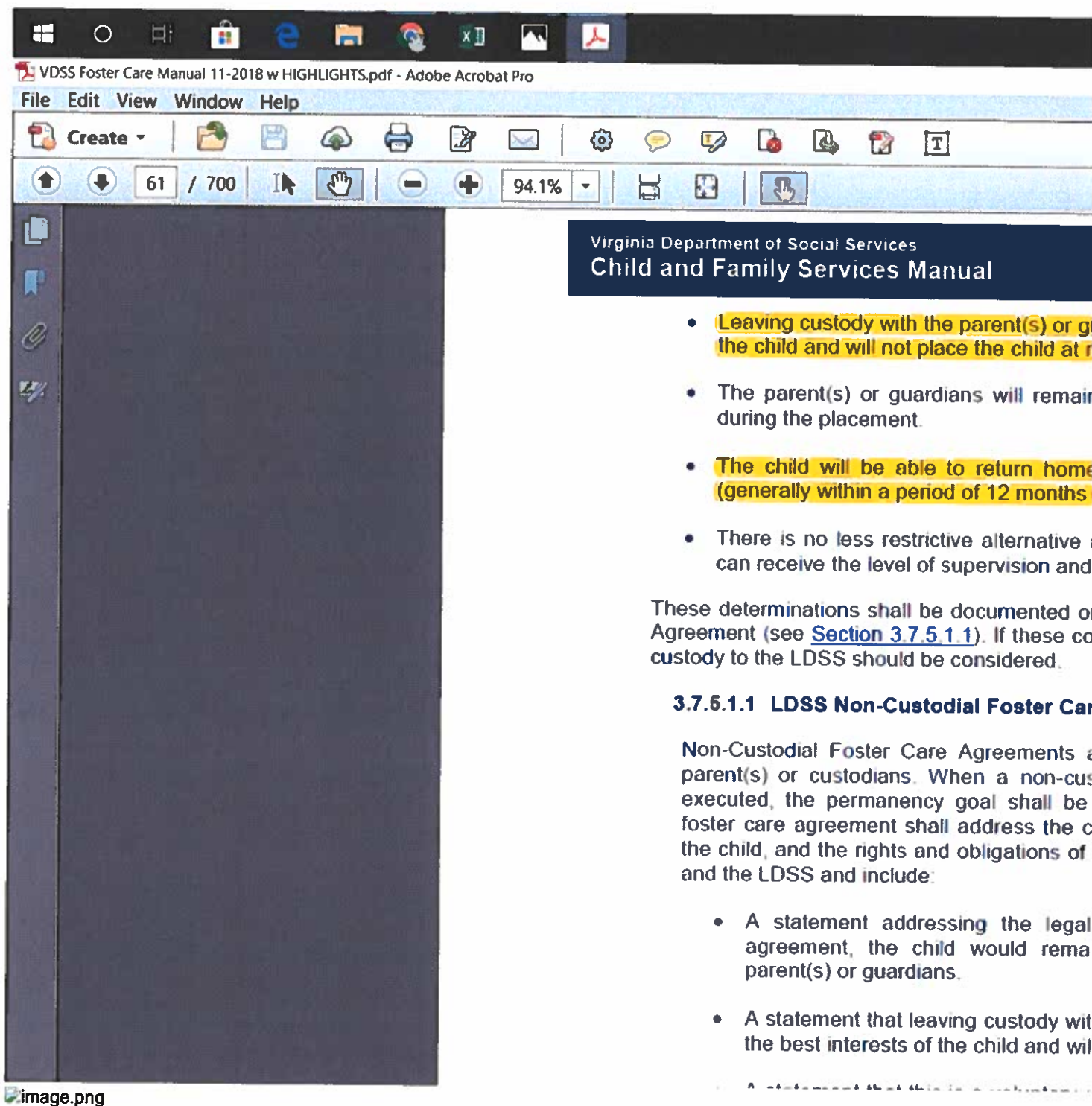




E Section 3 Page 13 of 32

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- Leaving custody with the parent(s) or g the child and will not place the child at n
- The parent(s) or guardians will remain during the placement



Virginia Department of Social Services
Child and Family Services Manual

- Leaving custody with the parent(s) or guardian and will not place the child at risk
- The parent(s) or guardians will remain responsible for the child during the placement.
- The child will be able to return home (generally within a period of 12 months)
- There is no less restrictive alternative that can receive the level of supervision and

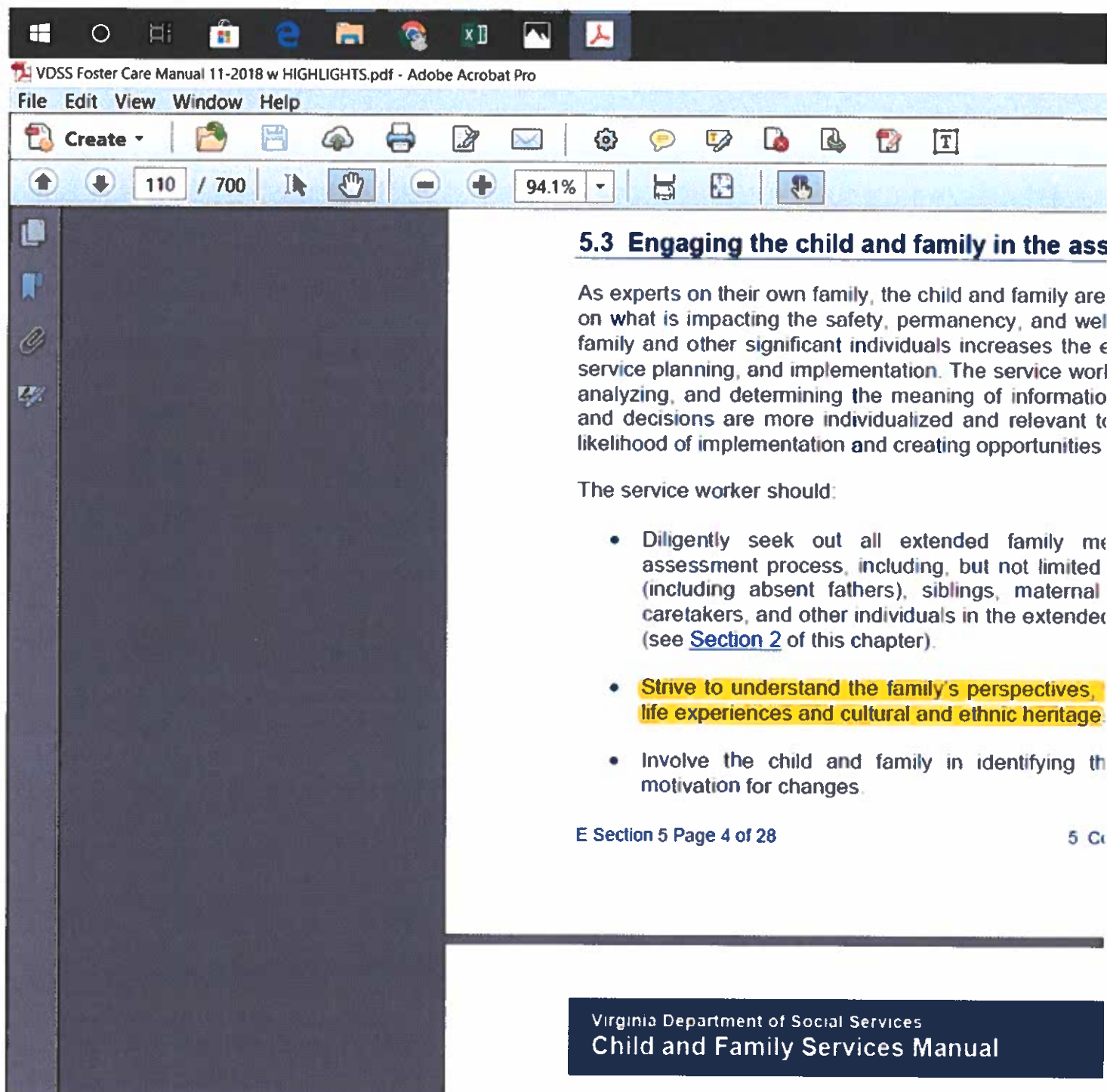
These determinations shall be documented on the Foster Care Agreement (see [Section 3.7.5.1.1](#)). If these conditions for leaving custody to the LDSS should be considered.

3.7.5.1.1 LDSS Non-Custodial Foster Care

Non-Custodial Foster Care Agreements are entered into with parent(s) or custodians. When a non-custodial foster care agreement is executed, the permanency goal shall be foster care. The foster care agreement shall address the care of the child, and the rights and obligations of the parent(s) and the LDSS and include:

- A statement addressing the legal agreement, the child would remain with the parent(s) or guardians.
- A statement that leaving custody with the parent(s) is in the best interests of the child and will

• A statement that this is a voluntary agreement



5.3 Engaging the child and family in the assessment process

As experts on their own family, the child and family are on what is impacting the safety, permanency, and well family and other significant individuals increases the effectiveness of service planning, and implementation. The service worker analyzing, and determining the meaning of information and decisions are more individualized and relevant to the likelihood of implementation and creating opportunities

The service worker should:

- Diligently seek out all extended family members in the assessment process, including, but not limited to (including absent fathers), siblings, maternal caretakers, and other individuals in the extended family (see [Section 2](#) of this chapter).
- Strive to understand the family's perspectives, life experiences and cultural and ethnic heritage.
- Involve the child and family in identifying the motivation for changes.

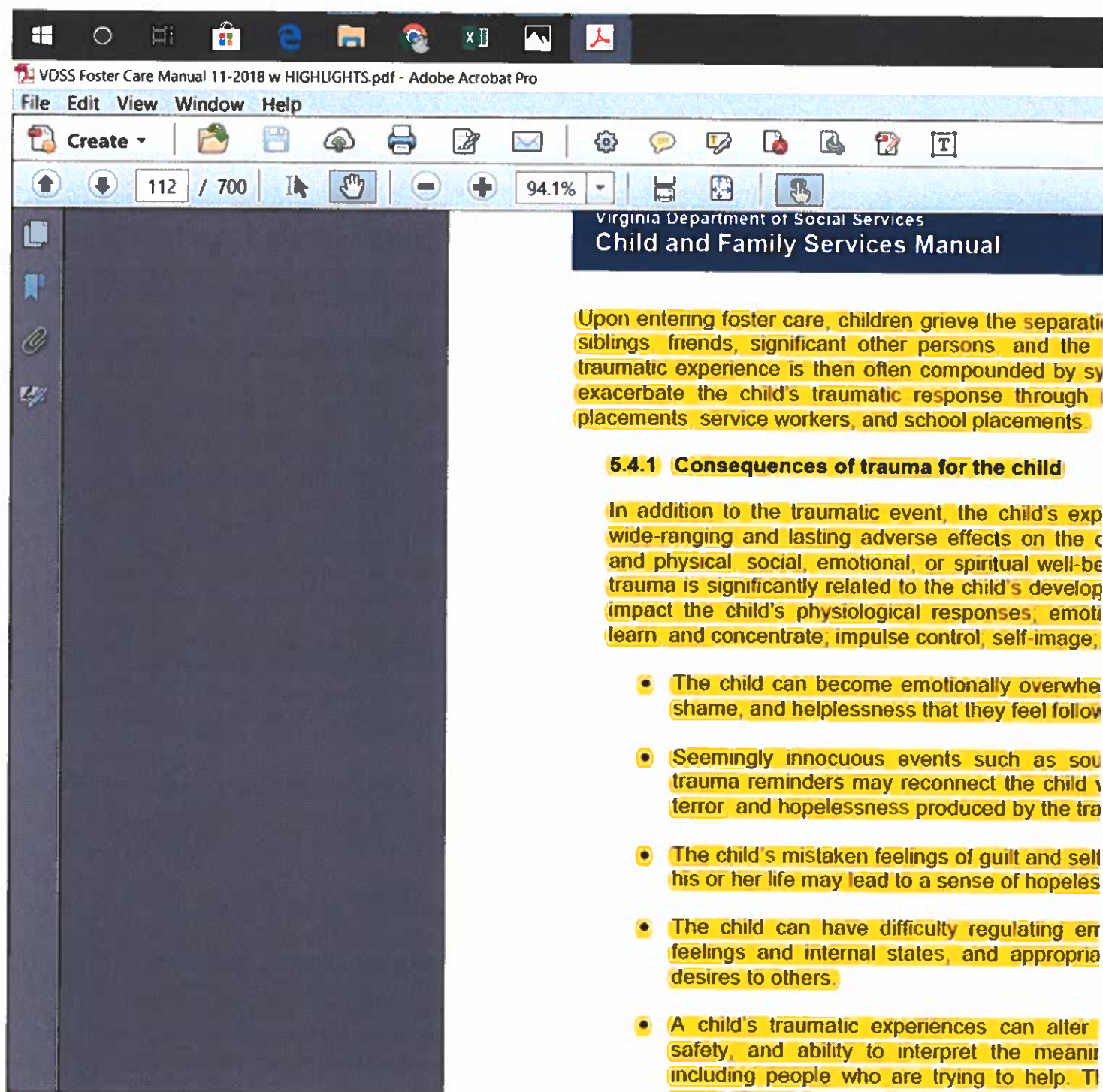
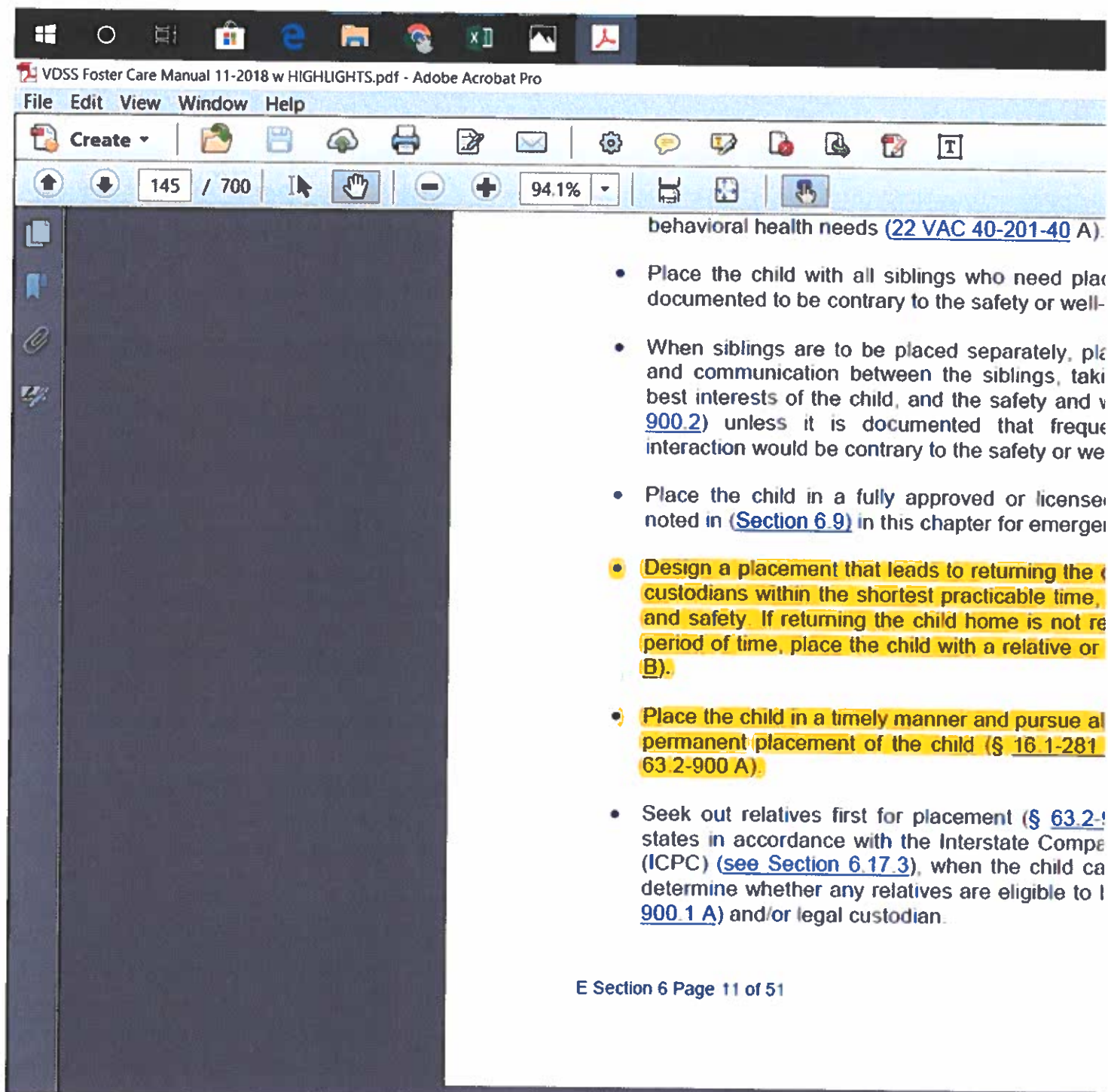


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**I DO NOT BELIEVE MS. PETERSON, FAMILY FOCUS, CASA OR HOPETREE ARE TRAUMA INFORMED AS IS THE AU COURANT
TRAUMATIZED BY CHESTERFIELD DSS AND THEIR AGENTS WITH THE KIDNAPPING OF MY SON AND PLACEMENT IN FO**



6.7.2 Family Partnership Meetings prior to child's removal and placement: A FPM should be held prior to the child's removal from home, prior to the removal of significant other adults, and community members in the decision-making process (see Section 2.9 in this chapter). In addition to regular, ongoing permanency planning prior to the development of a foster care plan for the foster care review and permanency planning hearings.

6.16.6.3 Returning child to family and community: In order to ensure the successful return of the child to the home/community, the service plan provided to the child and family when the child returns to the community.

Section 7, Page 4 of 16: Keeping children and families together and preventing entry into any type of out-of-home placement is the best possible outcome.

7.3.1 Return To Parent(s) or Prior Custodian(s): ...The service worker shall make reasonable efforts to return the child to his parents or prior custodian as soon as possible. **SHORTEST TIME POSSIBLE!!!**

8.6.5.1 When a child receives SSI and is on a home visit: When the LDSS is the representative payee for the child's SSI or SSA benefits and the child is on a home visit, the LDSS may authorize a check to be sent to the parents on behalf of the child to pay for the child's care. The transaction shall be documented and included in the LDSS director or finance staff with designated authority) and a notation in the payment record of the payment amount. **WE NEED MORE TO END HOMELESSNESS!**

THE ABOVE ARE BUT A FEW OF THE POLICIES/LAWS/GUIDELINES NOT ADHERED TO IN THIS PROCESS BY CHESTERFIELD

MY CLOSING STATEMENTS. The continuation of Family Focus, Inc. in service to our family should have ended in April, actually before when they had surveillance of us like we were criminals. Chesterfield DSS and therapy licensing authorities will get a further grievance from me with the transcripts of evidence continued to be allowed a seat at the table with some dominion in the narrative and action plan. Bodhi needs an in-home therapist who is licensed for INDIAN **PARENTS KNOW THEIR CHILDREN and should be heard and respected.** For the years I took Bodhi to out patient individual therapy he did not open up and feelings there. Only through play therapy and the safe home environment has he felt comfortable to open up. PLEASE HEAR ME AS HIS MOTHER and certainly they should not continue past the 5-13-19 FAPT meeting.

DSS has stated to Ms. Jody Berg, my parental educator, that they need to hear from me what I could have done differently to prevent Bodhi from coming into

1. TRY and take my medications with me at all times in the event of an emergency;
2. If I need to leave the ER, sign a Power of Attorney NOW THAT I KNOW I SHOULD HAVE, EVEN THOUGH NOBODY TOLD ME I NEEDED IT;
3. ALWAYS record ALL conversations with medical personnel and social workers to ensure a) distortions and biased statements are not placed upon me;

Other than that, I firmly stand with the truth and the fact that I have done EVERYTHING I could for the best treatment and care of my son. PREVENTION of removing my son from me and his home. I NEVER, EVER have neglected my son. I ask everyone reading this, WHAT the mountain of evidence I have to support I have done EVERYTHING for years to get him the best medical, psychological, psychiatric, e- Camp Keewaydin, Camp Saponi, Camp Thunderbird, Camp Silver Beach, Camp Greenbrier, CodeVA camp, St. Christopher's Summer E mother?

I continue to vehemently advocate for Bodhi. And I have taken it many steps further with successful advocacy with Virginia State Legislators, the Governor, and wings for what needs to happen next if my baby is not returned home to me forthwith. I say Wakanda to bring some levity to the situation via the current blurb Virginia and the University of Otago included African-American studies and how it tremendously influences and intersects with movement/dance studies. M with the Wakanda brethren who were mistreated, misunderstood, and under estimated. When it comes to my baby, hold onto your hat, because I will come v

May the fortitude and intellect of those who guide this process recognize the egregious errors placed upon our family. May all with dominion SEE our truth

****attachments include pictures of hand written notes of my LENGTHY conversations with UVA ER doctors. Why would a mother who had intent to abandon**

With probity, I remain,

Sagé Blaska

You should know by now, love never goes down without a fight, and justice never lets the oppressor define the terms of success or failure. Justice is a beautiful and creative dance, and the clumsy steps of those who do not know how to sway to its rhythm

10 attachments



IMG_2127.JPG
2414K



IMG_2134.PNG
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IMG_2136.PNG
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10/9 USA 2L given to

juditha - 12.47pm

1) patient advocate
4th time asked

2) PM meds (oxycontin,
gabapentine given? what
time)

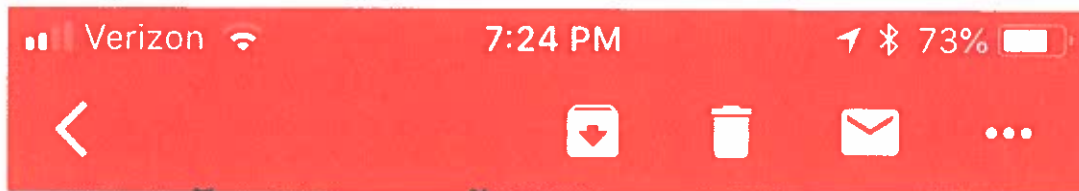
3) AM meds (oxy, guan, adinall
(what time given?))

4) print out of all tests

5) blood work requested?
what has been done?

6) name of immunologist
coming and ETA

7) 4th time asked



in Germany AND that when I had scheduled the appointment with your receptionist, Donna, she had scheduled the 5/24/18 appointment one month from our office visit to ensure that the Centogene test was back in time for the 5/24/18 appointment. AND SO I would not have to pay another \$500 to discuss those separate lab results with you due to Donna not scheduling the follow up lab appointment in enough time for Centogene report to be back.

On 5/24/18 you then stated that the Centogene test was not back yet, but not to worry, you would call me pro bono and discuss the results. I am asking for your integrity and honor to fulfill that commitment and because I had paid \$500 to discuss all of those lab results.

Last week Bodhi had 2 ER visits and is now hospitalized again. Since Bodhi had classic acute onset symptoms in



P/P other than a genetic variant for cherubism.

Dr. T, I have revered your intellect and am begging you to be honorable and demonstrate continuity of care so that all of those who are now trying to diagnosis and treat Bodhi CURRENTLY have a better understanding of WHY you are reversing the dx of pediatrician from acute onset symptoms around strep infection of Janaury 2017 and confirmed diagnosis by Dr. Wei Zhao at VCU.

I thank you for your time and courtesy in responding immediately.

With sincere regards,

Sagé Blaska



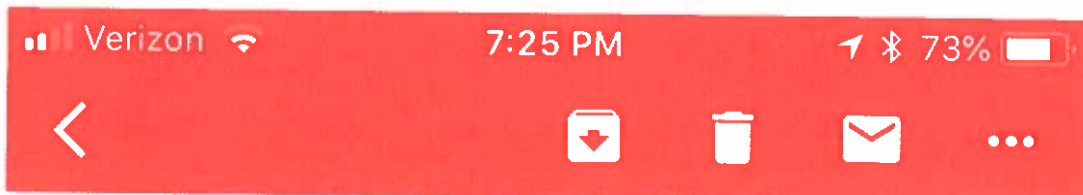
Reply



Reply all



Forward



P/P other than a genetic variant for cherubism.

Dr. T, I have revered your intellect and am begging you to be honorable and demonstrate continuity of care so that all of those who are now trying to diagnosis and treat Bodhi CURRENTLY have a better understanding of WHY you are reversing the dx of pediatrician from acute onset symptoms around strep infection of Janaury 2017 and confirmed diagnosis by Dr. Wei Zhao at VCU.

I thank you for your time and courtesy in responding immediately.

With sincere regards,

Sagé Blaska



Reply



Reply all



Forward

Verizon

7:24 PM

74%



5/24 paid for ALL lab results

conversation Inbox



me



to Rosario, Winslow, Neil, bcc: me

10:40 AM [View details](#)

Good morning Dr. Trifiletti,

I am following up with you personally as I sent an email to Mary on 6/4/18 regarding you discussing with me 1) the Centogene lab results and 2) your NOW dx of NOT PANDAS/PANS.

When I spoke to you on our scheduled appointment of 5/24/18 you went through the plethora of labs you had ordered. When I asked you about the Centogene test results, you thought I had NOT ordered or paid for those. I reminded you that I had in fact paid for those, you had drawn the blood, I had confirmed with Victor Magnanella, Centogene US Rep that it was received



Ingredients Containing Free Glutamate (MSG)

Ajinomoto
Amino acid chelates (citrate, aspartate, glutamate) Annatto
1 of 2
xin)

Autolyzed yeast
Autolyzed yeast extract
Barley (flakes, flour, malt, pearl)
Beet concentrate
Beet powder
Bouillon
Breading (bread stuffing)
Brewers yeast
Broth
Brown rice syrup
Bulgur
Calcium caseinate
Calcium glutamate (E 623)
Carrageenan E 407 (or vegetable gum)
Caseinate
Citrate (E 330) amino acid chelate
Citric acid
Chicken/pork/beef "base"
Chicken/pork/beef "flavoring"
Collagen
Conditioner
Corn processed
Corn starch
Corn syrup
Dehydrated egg
Dehydrated protein
Dextrose
Disodium caseinate
Disodium guanylate
Disodium inosinate
Dough conditioner(s)
Durum
Egg powder
Emmer
Enriched
Enzyme modified/containing enzymes
Extracts
Farina
Farro/faro
Fermented protein(s)
Fish sauce
Flavors
Flavor enhancer
Fortified vitamins/nutrients
Fu
Gelatin
Glutamate (E 620)
Glutamic acid (E 620)
Graham flour
Guar gum (most all "gums")
Hydrolyzed anything
Hydrolyzed oat flour
Hydrolyzed plant protein
Hydrolyzed protein
Hydrolyzed vegetable protein
Hydrolyzed wheat protein
Isolates
Kamut

Kombu/kombu extract
Lipolyzed butter fat
Low-no fat
Magnesium glutamate (E 625)
Malt extract (malt syrup)
Malt flavoring(s)
Malted anything
Malted barley flour
Malted barley/barley malt
Maltodextrin
Matzo, matzo meal
Meat flavorings (chicken, beef etc.)
Milk powder/reduced fat milk
Modified food starch
Monosodium glutamate (E 621)
Monoammonium glutamate (E 624) Monopotassium glutamate (E 622)
Natrium glutamate
Natural flavor(s)
Natural flavoring(s)
Nutrasweet/aspartame
Nutritional yeast
Oligodextrin
Pea protein
Pectin (E 440)
Plant protein extract l-cysteine
Protease
Protein fortified
Protein powder
Protein solids
Rice syrup
Rye bread and flour
Seasoned salt
Seasoning(s)
Seaweed/seaweed extract
Sertan
Semolina
Smoke flavoring(s)
Sodium caseinate
Soup base
Soy extract
Soy lecithin
Soy protein
Soy protein concentrate
Soy protein isolate
Soy sauce
Soy sauce extract
Spelt
Spice(s) (listed as an ingredient in this way)
Splenda (excitotoxin)
Spice mixes that contain glutamate or MSG as an ingredient
Stock
Sweeten'low (excitotoxin)
Tamari
Tangle extract
Textured protein
Triticale
Tofu
Ultra-pasteurized
Umami
Vegetable gum
Vetsin
Vital gluten
Vinegar (malt, balsamic, white, wine)
Vitamin enriched
Wheat (bran, flour, germ, starch)

Ingredients Containing Free Glutamate (MSG)

Yeast or autolyzed yeast
Yeast food
Yeast extract
Yeast nutrient
Whey protein
Whey protein concentrate
Whey protein isolate
Xanthan Gum (most all "gums")

accompanied by somnolence, seizures, and/or a movement disorder, complete testing should be performed. For

Table II. CANS differential diagnosis

Infection	Trauma
Bacterial or viral meningitis	Vascular
Encephalitis	Infarction
Septicemia	Hypertension
Post-infectious	Autoimmune
ADEM	Sydenham chorea
Metabolic/endocrine	NMDA, AMPA, GABA _B
Hyponatremia or hypernatremia	receptor encephalitis
Hypoglycemia	Voltage-gated K ⁺ channel
Diabetic ketoacidosis	antibody mediated
Hyperammonemia	encephalitis
Hypothyroidism or hyperthyroidism	Hashimoto encephalitis
Uremia	Systemic lupus erythematosus
Drug induced	Antiphospholipid antibody
Steroids	Seizures
Antihistamines	Idiopathic non-convulsive
Antipsychotics	status epilepticus
Phencyclidine	Hypoxia-ischemia
Methamphetamine	Psychogenic
3,4-methylenedioxymethamphetamine	
(Ecstasy)	
Benzodiazepines	
Anticholinergics	
Marijuana	
Cocaine	
Toxic ingestions	
Lead	
Heavy metals	
Alcohol	
Organophosphates	

ADEM, acute disseminated encephalomyelitis; AMPA, 2-amino-3-(5-methyl-3-oxo-1,2-oxazol-4-yl)propanoic acid; GABA_B, gamma-aminobutyric acid type b; NMDA, N-methyl-D-aspartate.

Singer et al

Join WCCTV at NATIA 2019

1 message

Richard Harries <marketing@wcctv.com>
Reply-To: Richard Harries <marketing@wcctv.com>
To: Ralph <ralph.northam@governor.virginia.gov>

Thu, May 23, 2019 at 10:45 AM

Good morning Ralph,

WCCTV is exhibiting at the NATIA Annual Training Conference and Technology Exhibition in Kansas City, MO, July 30 - August 1.

Ralph, if you were planning to attend, it would be a great opportunity to discuss how WCCTV's mobile video surveillance systems could assist with fighting and reducing crimes of all types.



As the global leader in the manufacture and supply of rapid deployment surveillance equipment, WCCTV's 4G LTE enabled products have been utilized by Law Enforcement agencies in the USA and around the globe since 2001.

Systems we specialize in include:

[Rapid Deployment Pole Cameras](#)

[Mobile Surveillance Trailers](#)

You can find out how and why our law enforcement and government clients across the US are benefiting from working with WCCTV by [clicking here](#).



Ralph, if you are going to be at NATIA hopefully we will see you there.

If you can't make the exhibition, but do have an interest in our mobile surveillance systems, please let me know and we can look to organize a short demonstration at a time that is more convenient for you.

Best regards,

Richard Harries | Technical Account Manager | WCCTV LLC

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.

Our mailing address is:

WCCTV

866 Presidential Drive

Suite 406

Richardson, Texas 75081

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Volkswagen reveals ID Roomzz concept

1 message

Autonomous Vehicle International <autonomousvehicleinternational@avt-uki-me.com>

Thu, Apr 18, 2019 at 6:01 AM

Reply-To: autonomousvehicleinternational@avt-uki-me.com

To: ralph.northam@governor.virginia.gov

official publication of

**Autonomous Vehicle
TECHNOLOGY
EXPO 2019**
Novi - Michigan

October 22, 23, 24, 2019
Novi, MI, USA

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In the news this week

Web exclusive: ZF launches coPilot advanced driver assistance system

ZF today announced the debut of ZF coPilot, an intelligent advanced driver assistance system (ADAS) that has been developed to enhance safety and driving comfort. Leveraging AI and equipped with a comprehensive sensor set, the technology allows vehicles to perform various automated driving functions.



[Click here to read the full story](#)

Volkswagen reveals ID Roomzz concept



Volkswagen has presented the newest addition to the ID range at Auto Shanghai. The ID Roomzz combines future IQ Drive systems, meaning that on request it can glide through the traffic at Level 4 in ID Pilot mode. The vehicle occupants are provided with information via interactive light zones.

[Click here to read the full story](#)

Exclusive AVT Expo Interview: Developing and validating a robust lidar sensor

Dr Mircea Gradu, senior vice president for quality and validation at Velodyne LiDAR, sheds some light on the development process of an automotive-grade lidar sensor and explains the role they could play in automotive safety. He will speak about this, and the latest lidar technology, at the Autonomous Vehicle Test & Development Symposium.



[Click here to read the full story](#)

Renault and Nissan to collaborate on autonomous technologies



Renault and Nissan have announced the establishment of a new research and development joint venture in Shanghai, China. The Alliance automotive research and development company, which will be referred to as Alliance Innovation Lab Shanghai (AIL-SH), will focus on autonomous drive, connected and electric vehicles.

[Click here to read the full story](#)

World's first Vehicle Resilience Technology Centre opens

Horiba MIRA has announced that it has established the world's first Vehicle Resilience (V-RES) Technology Centre. The new center, at its UK headquarters in Nuneaton, is the first engineering and test facility designed to take a combined approach to automotive cybersecurity, functional safety and electromagnetic resilience.



[Click here to read the full story](#)

Video: Audi unveils AI:ME mobility concept in Shanghai



Audi has introduced its mobility concept for future cities at Auto Shanghai 2019. The showcar, known as the AI:ME, offers Level 4 autonomous capabilities. The AI system, which is designed to relieve driver strain, uses strategies and technologies from the field of artificial intelligence and machine learning, as well as vehicle and interaction intelligence.

[Click here to watch](#)

**Autonomous Vehicle
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Messe Stuttgart



May 21, 22, 23, 2019
Messe Stuttgart, Germany



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Time's Running Out to Register for the AWS Public Sector Summit DC!

1 message

Amazon Web Services <aws-marketing-email-replies@amazon.com>
Reply-To: aws-marketing-email-replies@amazon.com
To: ralph.northam@governor.virginia.gov

Fri, May 24, 2019 at 8:47 AM

The Summit Agenda is Live and We've Added Activities!

We can't wait to welcome a record number of attendees at this year's **AWS Public Sector Summit in Washington, DC!** There will be 160 sessions, an Earth & Space keynote, a fireside chat with Andy Jassy, CEO of AWS, and much more.

- Build your Summit agenda! Choose your favorite sessions and workshops [here](#).
- Earthrise Alliance CEO, Lori Garver, will offer a dazzling take on Earth, space, and beyond during the Earth & Space on AWS keynote. Spacesuits not required. Monday, June 10.
- Attend a pre-conference workshop on Amazon SageMaker for building and training new artificial intelligence and machine learning models. Monday, June 10.
- Compete in the Hackathon for Good! Build your solution, then meet with experts for tips to help you implement your best work. Monday, June 10. Learn more [here](#).

[View Agenda and Register](#)

Key Information

Date: Tuesday, June 11 – Wednesday, June 12

Time: 9:00AM - 5:00PM (both days)

Location: Walter E. Washington Convention Center, 801 Mount Vernon Place NW, Washington, DC 20001 ([view map](#))

Register Today »

We hope to see you there!

Sincerely,

The AWS Public Sector Team

We look forward to seeing you at the event. And if you have any questions, please [contact us](#).

Notice to Government Personnel: AWS Summit 2019 attendance is offered at no charge to federal, state, and local government personnel. Items and meals qualifying as "gifts" may also be offered in connection with the event. Government personnel are responsible for ensuring their compliance with all applicable requirements, including 5 CFR Section 2635 or similar agency-level, state or local gifting restrictions. Approval from your designated agency ethics official ("DAEO") or other agency designee may be required before you accept all or part of these benefits. If you are unsure about potential restrictions, please contact your DAEO or agency designee.



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HAVE THE Africans die with those BC Pizza owners in 1999 at Gaylord 49730 and any and all Africans throughout America

1 message

bee knee <beeknee16@gmail.com>

Sat, Feb 2, 2019 at 4:10 AM

To: ralph.northam@governor.virginia.gov, stiritimisoara@protv.ro, last@nbcuni.com

DO HAVE any and all Africans die Immediately, any and all those Africans in DOJ with any and all Buildings that They are in and at is to be died, They Ruined the Country America and that Nigger Barack Obama the Sidomite was fucking Michelle Obama in the ass for decades and that is abomination and a disgrace having two Africans in the White House fucking in the ass, They used cctv cameras to Commit Crimes, by which is Espionage and They have been watching constantly by cctv cameras to Espionage on a Constitutionalist over there in London UK as to where His/his children and spouse had disappeared and harmed, abused, Kidnapped, Killed, Murdered, and Those BC Pizza Owners of 1999 at Gaylord Zip Code 49734 or 49735 is the main cause of the Kidnappings, Murders, concerning the children and Barack Obama with Baracks Friends and Campaign citizens that They are/is "citizens" having 'No' Constitutional Rights, They all is to be Executed and Hanged and Those Africans like MILLS at the INS African COURT at Detroit that Lied and MILLS HERSELF is a Illegal Alien that participated in the Kidnappings and They those Africans Like and Loves the Devil and Satan that is narcis croitoru born on August 27 1976 and Their Entire Family, Gabbi, DANIELA with both Parents' and Their necies is to be hanged and caught on fire and any and all cctv cameras with any and all alarms on Buildings and inside Buildings is to be dismantled and No longer any more on or in any Building at all, Those Alarms is a Breach to the Peace and in the way concerning the Constitutionalist that had been Spied on constantly and that is Against the Constitution, shelter is shelter and those alarms is a Breach of the Peace and any and all Police Men and Women is to Not have Guns and No longer Employeed, that DONALD TRUMP is to be Condemn DONALD TRUMP for Life with IVANKA & JARED KUSHNER and DONALD's WIFE that is an Adulterer and Involved with the Kidnapings concerning those children that were Kidnapped after June of 2015

Fwd: HAVE THE Africans die with those BC Pizza owners in 1999 at Gaylord 49730 and any and all Africans throughout America

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Sat, Feb 2, 2019 at 4:36 AM

To: ralph.northam@governor.virginia.gov, stiritimisoara@protv.ro, last@nbcuni.com

nyed_adr@nyed.uscourts.gov

THE Guilty Roger Stone is 'not' to be in Liberty at all, Those citizens at the COURT Buildings truly had Been Breaching the Constitution like Those at the E.D.N.Y. has They had DETAINED and Held Wrongfully and Unlawfully/Illegally a Constitutionalist on July 31 2007 throughout April of 2010 even during the first instance when Senior Federal Judge Jack B. Weinstein Announced that " He/he has Constitutional Rights, Case Number: 07-cr-637(JBW) and what did They Still Do, They Kept on Breaching and violating the U.S. Constitution, They Breached purposely the 13th Amendment and the 4th Amendment, the Court Rules, the Laws of the Land, They Did and continually Kept on Committing Treason on Purpose, and that PAUL A. TUCHMANN whose just a citizen, Regulations does 'Not' Apply to PAUL A. TUCHMANN 'Because' by Law PAUL A. TUCHMANN is truly a citizen subject to its [federal] United States Jurisdiction and They is to be all Executed Pursuant to the Constitution and that is to Happen Pursuant to the Framers that Wrote the Constitution, that whoever Breaches the Constitution is to be Lawfully Killed and that is to Happen, because of Them too over there in New York, those innocent children were harmed, abused, tricked, manipulated, seperated from both parents' and done due to Lies and Slander that came from

demons over There in Michigan STATE that paid and pays Taxes and They is the ones that has filed and filled out a W2 form and or the Form used for Tax Returns, the young child at 49730 "never filled one out and never written on one at all, yes this is true", Those with the Africans and Those Constitutional "violaters and Breachers" at the US COURTS

with the rest of Them always Unlawfully/Illegally has Guilty Criminals out in Libety, because they have money and are on the side with the Criminals/Kidnappers like the ones that went to London UK and had Contact with Those Demons over There in London UK accepting bribery and being Employeeed being bribed to Steal, Covet, Kidnap those children that disappeared due to all the Bullshit and Lies that came out of Those Demons Mouth's Like GARGAN and ASHLEY SAULT, LIZZY

FURBER, RACHEL PULLEN, etc., all that needs to be cut apart and crushed and split in two with an Axe, THERESA MAY

Dresses up like a MAN and is to be Tortured and Die, any and all WOMEN that Dress up like MAN like They just about all do

and keeps on dressing up like a MAN, They all is to die as that is an abomination!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! yes this is true

----- Forwarded message -----

From: bee knee <beeknee16@gmail.com>

Date: Sat, 2 Feb 2019 at 10:10

Subject: HAVE THE Africans die with those BC Pizza owners in 1999 at Gaylord 49730 and any and all Africans throughout America

To: <ralph.northam@governor.virginia.gov>, <stiritimisoara@protv.ro>, <last@nbcuni.com>

DO HAVE any and all Africans die Immediately, any and all those Africans in DOJ with any and all Buildings that They are in and at is to be died, They Ruined the Country America and that Nigger Barack Obama the Sidomite was fucking Michelle Obama in the ass for decades and that is abomination and a disgrace having two Africans in the White House fucking in the ass, They used cctv cameras to Commit Crimes, by which is Espionage and They have been watching constantly by cctv cameras to Espionage on a Constitutionalist over there in London UK as to where His/his children and spouse had disappeared and harmed, abused, Kidnapped, Killed, Murdered, and Those BC Pizza Owners of 1999 at Gaylord Zip Code 49734 or 49735 is the main cause of the Kidnappings, Murders, concerning the children and Barack Obama with Baracks Friends and Campaign citizens that They are/is "citizens" having 'No' Constitutional Rights, They all is to be Executed and Hanged and Those Africans like MILLS at the INS African COURT at Detroit that Lied and MILLS HERSELF is a Illegal Alien that participated in the Kidnappings and They those Africans Like and Loves the Devil and Satan that is narcis croitoru born on August 27 1976 and Their Entire Family, Gabbi, DANIELA with both Parents' and Their necies is to be hanged and caught on fire and any and all cctv cameras with any and all alarms on Buildings and

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Ralph, the future of Law Enforcement starts with you

1 message

Jennifer Roberts <newsletter@esri.com>
Reply-To: newsletter@esri.com
To: ralph.northam@governor.virginia.gov

Thu, May 9, 2019 at 12:28 PM



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Modern Police Need Modern Technology

Key takeaways from the *Modern Police* eBook:

- **Implement** Modern Crime Control Strategies
- **Prepare** and Manage Special Events in Real Time
- **Support** Community Policing Initiatives
- **Respond** and Assist Homeless Populations
- **Combat** the Opioid Epidemic

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Location Intelligence for Data-Driven Policing

Maximize your police resources

1 message

Chris Delaney <newsletter@esri.com>
Reply-To: newsletter@esri.com
To: ralph.northam@governor.virginia.gov

Mon, May 13, 2019 at 8:06 AM



View email in [web browser](#).



Location Intelligence for Data-Driven Policing

Key takeaways from the *Modern Police* eBook:

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- **Prepare** and Manage Special Events in Real Time
- **Support** Community Policing Initiatives
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Modern Police Need Modern Technology

Advances in police technology and the evolution of modern systems are transforming policing. Sensors have become ubiquitous and include automatic vehicle location (AVL) and license plate recognition (LPR) technology, closed-circuit television (CCTV), body-worn cameras, gunfire detection systems, and drone platforms. Leading law enforcement agencies are linking all these information systems with GIS technology, giving police the ability to **make data-driven decisions like never before.**

[Download Free eBook](#)



The Redlands Police Department is constantly searching for ways to leverage our limited resources and deliver excellent policing services to the community. Using the Survey 123 app and other GIS tools to coordinate has truly resulted in a safer city.

Christopher R. Catren, Chief of Redlands Police Department

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